

LEICESTERSHIRE 71



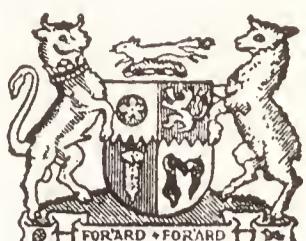
LEICESTERSHIRE  
COUNTY COUNCIL

ANNUAL REPORT  
of the County Medical  
Officer of Health



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WITH THE COMPLIMENTS

OF

THE COUNTY MEDICAL  
OFFICER OF HEALTH

To:— *County Medical Officer, County Hall  
Glenfield, Leicester. LE3 8RG.*

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**COUNTY HEALTH DEPARTMENT PREMISES**

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## FOREWORD

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*To the Chairman and Members of the Leicestershire County Council.*

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting to you the annual report on the Health and School Health Services for the year 1971. As in recent previous years it includes contributions from many individuals in the Community Health Services team in Leicestershire and describes the continuing development of services which have taken place to cope with the increasing and changing health needs of those who live in the County.

The main emphasis has been directed in building up effective community health care teams practising from Health Centres and Group Practice premises. By the end of the year most of the community nurses had been "attached" to General Practitioners and a growing list of Health Centre projects were at various stages of design. Unfortunately the programme was interrupted — when the most advanced centre proposed for Anstey (reputedly the home of Ned Ludd of stocking machine fame), had to be deferred because one of the two practices involved withdrew at a late stage in development.

Once again the year was marked by uncertainty and the seemingly endless discussions and preparations for reorganisation of both Local Government and the National Health Service. The Local Authority Social Services Act 1970 came into force on 1st April, 1971 and responsibility for the Home Help, Mental Health and Welfare Services was transferred to the new Social Services Department. The transfer took place smoothly and excellent relations have already been established with the Director of Social Services and her staff.

The Education Miscellaneous Provisions Act 1970 also came into operation on 1st April, 1971 when the Education Committee assumed responsibility for the training of mentally handicapped children within the County.

The reorganised Health Department now looks forward confidently to the preparations necessary to effect integration of the Health Services.

I would like to express my sincere thanks to those members of staff who were transferred to posts in the Social Services Department. In particular I would like to

thank Mr. E.F. Read, Principal Administrative Assistant, who cope so well with the reorganisation arrangements and wish him every success in his new post as Assistant Director in the Social Services Department, Nottinghamshire.

The Department also lost the services on retirement of Dr. Marjorie Campbell, Principal Medical Officer, and Miss A. Hornsby, Superintendent Health Visitor. All members of staff would join with me in wishing them a long and happy retirement.

It is again a pleasure to record my thanks to the entire staff and to the many people in other Departments, Authorities and Agencies who made possible the work outlined in this report.

Finally, as always, I am deeply grateful to the Chairman and members of the Council for their understanding and encouragement.

A. R. BUCHAN

*County Medical Officer of Health  
and Principal School Medical Officer*

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## MEMBERS OF THE HEALTH COMMITTEE

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### *County Council Members*

**Chairman:** J.G.S. Tompkins

**Vice-Chairman:** Mrs. A.C.D. Bryan

Mrs. D.N. Bolton

Mrs. N.M.E. Eady

M. Gallagher

Mrs. C.M. Hallam

A. Hart

J.H. Iliffe

Col. P.H. Lloyd, T.D.,J.P.,D.L.,  
(ex-officio)

F.J. McKeown

J.T. Mattock

Mrs. F.M. Page

Duke of Rutland, C.B.E.,J.P.,D.L.,  
(ex-officio)

Miss M.F.C. Saunderson-Morrison,  
J.P.

Mrs. C.R. Simpson

R.H. Watson

R.C. Weston

F. Wilkinson

F. Yates

### *Co-opted Members 5*

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## MEMBERS OF THE EDUCATION COMMITTEE

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### *County Council Members*

**Chairman:** P.R. Hill  
**Vice-Chairman:** D.J. Holt

B.P. Andrews	Col. P.H. Lloyd, T.D.,J.P.,D.L., (ex-officio)
Rev. Canon H. Ash	R.A. McCrystal
Mrs. A. Beaven	T.O. McGrath
J.E. Brownlow	H. Moorhouse
A.W. Capers	Mrs. M.C. Mortiboys
Mrs. K.M. Dingley	W.T. Orson
H.I. Drake	Mrs. F.M. Page
F.E. Duffield	V.W.T. Pearce
Mrs. N.M.E. Eady	J. Rodgers
M. Gallagher	Duke of Rutland, C.B.E.,J.P.,D.L., (ex-officio)
G.B. Gibson	R.W. Toon
Nathan Harris	R.C. Weston
O. Hilton	Mrs. K. Wildsmith
E.H. Illson	E.F. Winser
Mrs. M.E. Keay	
E.R. Learmouth	

### *Co-opted Members 11*

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## STAFF OF THE HEALTH DEPARTMENT

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*County Medical Officer – Principal School Medical Officer*

**BUCHAN A.R., M.D., D.P.H.**

*Deputy County Medical Officer – Deputy Principal School Medical Officer*

**BYARS J.R., M.B., Ch.B., D.P.H.**

*Principal Medical Officer*

**CAMPBELL Marjorie L., M.B., B.Ch., B.A.O., D.P.H. (resigned 31.1.71.)**

**KOFFMAN Dorothea, M.D., D.P.H., M.F.C.M., (appointed 30.9.71.)**

*Senior Medical Officer*

**McHUGH G., B.Sc., M.B., Ch.B., D.T.M. & H., D.P.H., D.I.H.**

*Senior Assistant Medical Officer*

**HAYWARD Eirian, B.Sc., M.B., B.Ch., D.Obst., R.C.O.G.**

*Medical Officers in Department and School Medical Officers*

**BENNETT Joan G.H., M.B., B.Ch., B.A.O.**

**HALL J.W., M.D., B.S., B.Hy., D.P.H.**

**KERSHAW J.B., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.**

**KIND R.W., M.R.C.S., L.R.C.P., D.P.H.**

**ROSS A.C., M.B., Ch.B., D.P.H.**

**SUGDEN Margaret E., M.B., Ch.B., M.R.C.S., L.R.C.P.**

**MEADOWS Isobel, M.B., B.S., M.R.C.S., L.R.C.P. (Part-time)**

**BRADSHAW Elsa M., M.B., Ch.B., (Part-time)**

**CAMPBELL, Marjorie L., M.B., B.Ch., B.A.O., D.P.H., (appointed 1.2.71.)**

**BYER, L.D., M.B., B.S., M.R.C.S., L.R.C.P.**

**KORN, Erna W.M., M.D.**

*Consultant Orthopaedic Surgeons*

**INNES A., F.R.C.S.**

**DUKE R.F.N., F.R.C.S.**

(by arrangement with the Birmingham Regional Hospital Board)

*Consultant E.N.T. Surgeon*

**JENKINS J.C., F.R.C.S., M.R.C.S., L.R.C.P.**  
(by arrangement with Sheffield Regional Hospital Board)

*Consultant Psychiatrist*

**PITTOCK Sheila M.W., M.B., Ch.B., D.P.M.**  
**HOPKIRK K.D., L.R.C.P., M.R.C.S., D.P.M.**  
(Part-time) (by arrangement with Sheffield Regional Hospital Board)

*Senior Educational Psychologist*

**TODD G.B., M.A., A.B.P.S.**

*Principal Psychiatric Social Worker*

**SUTCLIFFE Miss J., D.S.S., Cert. Mental Health**

*Principal School Dental Officer*

**HOBBS D.M., B.D.S.** (resigned 31.3.71.)  
**SCIVIER, G.A., B.D.S.** (appointed 3.5.71.)

*Area Dental Officers*

**BAXTER J.A.G., L.D.S.**  
**PENLINGTON A.C., B.D.S.** (resigned 12.11.71.)

*Dental Officer*

**BINNS C.K., L.D.S., B.Ch., D.**  
**BUCKERFIELD J.P., B.D.S.** (appointed 1.1.71.)  
**KENNEDY, Mrs. S.M., B.D.S.** (appointed 13.9.71.)  
**SEAL M.J., L.D.S., R.C.S.** (appointed 22.11.71.)

*County Health Inspector*

**GREGORY S.A., F.R.S.H., F.A.P.H.I.**

*Superintendent Health Visitor*

**HORNSBY Miss A., R.G.N., S.C.M., H.V.Cert.** (resigned 30.4.71.)

*Acting Superintendent Health Visitor*

**PEARCE Miss S.M., S.R.N., S.C.M., H.V.Cert.** (appointed 1.5.71.)

*65 Health Visitors and School Nurses (combined duties)*

*4 Student Health Visitors*

*8 State Enrolled Nurses*

*Supervisor of Home Nursing Services and Non-Medical Supervisor of Midwives*

**WRIGHT Miss S.M., S.R.N., S.C.M., H.V.Cert.**

*70 Home Nurses*

*55 Home Nurse/Midwives*

*21 Midwives*

*15 State Enrolled Nurses*

*19 Part-time Auxiliaries*

*8 Night Nurses*

*Chief Speech Therapist*

**KINGSTON** Miss R., L.C.S.T. (appointed 1.10.71.)

*County Ambulance Officer*

**DIXON** S.S.

*Principal Administrative Assistant*

**READ** E.F., A.C.I.S., M.I.S.W. (resigned 22.9.71.)

*Senior Assistant County Medical Officer –*

*Medical Officer of Health Loughborough M.B. Shepshed U.D., Castle Donington  
R.D. and Divisional School Medical Officer (Loughborough)*

**HOLDERNESS** R.C., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

*Medical Officer in Department*

*Medical Officer of Health Blaby and Lutterworth Rural Districts*

**ROSS** A.C., M.B., Ch.B., D.P.H.

*Medical Officer in Department*

*Medical Officer of Health, Barrow upon Soar Rural District*

**HALL** J.W., M.D., B.S., B.Hy., D.P.H.

*Medical Officer in Department*

*Medical Officer of Health Oadby, Wigston and Market Harborough Urban  
Districts, Billesdon and Market Harborough Rural Districts*

**KIND** R.W., M.R.C.S., L.R.C.P., D.P.H.

*Medical Officer in Department*

*Medical Officer of Health Hinckley Urban District and Market Bosworth  
Rural District*

**KERSHAW**, J.B., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

*Medical Officer in Department*

*Medical Officer of Health Melton Urban District Council and  
Melton and Belvoir Rural District*

**McHUGH** G., B.Sc., M.B., Ch.B., D.T.M. & H., D.P.H., D.I.H.

*County Chest Physician*

**BROUGH** M.C., M.D., B.Ch., B.A.O.

(Joint appointment with Sheffield Regional Hospital Board)

**Health Department Staff at 31st December, 1971**

Category of Staff	Establishment at 31.12.71. (1)	Whole- time (3)	Part- time (4)	Whole- time equivalent of Col.(4)	Total whole- time equivalent (6)
				(5)	
Medical Officers (Administrative)	2.00	2	.	.	2.00
Medical Officers (administrative & clinical)	2.80	2	1	.80	2.80
Medical Officer (clinical)	14.00	2	16	12.00	14.00
Dental Officers	14.00	5	2	1.20	6.20
Dental Auxiliaries	2.00	.	.	.	.
Dental Surgery Assistants	16.00	4	4	2.00	6.00
<i>Nursing:</i>					
Administrative	5.00	4	.	.	4.00
District and Midwives	152.00	136	10	5.00	141.00
Health Visitors	69.80	61	12	6.50	67.50
S.R.N. (night nurses)	3.00	.	8	3.00	3.00
S.E.N.	20.00	15	8	4.00	19.00
Nursing Auxiliaries	10.00	.	19	9.50	9.50
<i>Professional and Technical:</i>					
Speech Therapists	10.00	4	9	3.60	7.60
Social Workers (psychiatric)	4.00	3	1	.50	3.50
Audiology Technicians	3.00	3	.	.	3.00
Health Education Officers	4.00	3	.	.	3.00
Public Health Inspection	3.00	2	.	.	2.00
Administrative & clerical	38.00	38	.	.	38.00
<i>Ambulance Service:</i>					
Administrative Training	10.00	9	.	.	9.00
Operational	169.00	167	.	.	167.00
Manual and domestic	6.75	2	8	4.75	6.75
<b>Totals</b>	<b>558.35</b>	<b>462</b>	<b>98</b>	<b>52.85</b>	<b>514.85</b>

**DISTRICT MEDICAL OFFICERS OF HEALTH**

Area	Name	Office Address & Telephone Number
<b>URBAN</b>		
Ashby-de-la-Zouch	Dr. A. Hamilton	Council Offices Kilwardby Street Ashby-de-la-Zouch Tel. Ashby-de-la-Zouch 2853
Ashby Woulds	Dr. A. Hamilton	Council Offices, Moira Tel. Swadlincote 7474
Coalville	Dr. A. Hamilton	Municipal Offices London Road, Coalville Tel. Coalville 4941
Hinckley	Dr. J.B. Kershaw	Municipal Offices St. Mary's Road, Hinckley Tel. Hinckley 3771
Loughborough	Dr. R.C. Holderness	Health Department Southfields, Loughborough Tel. Loughborough 63151
Market Harborough	Dr. R.W. Kind	Council Offices Northampton Road Market Harborough Tel. Market Harborough 2258
Melton Mowbray	Dr. G. McHugh	Egerton Lodge Melton Mowbray Tel. Melton Mowbray 3662
Oadby	Dr. R.W. Kind	Council Offices, Oadby Tel. Oadby 3266
Shepshed	Dr. R.C. Holderness	Council Offices, Shepshed Tel. Shepshed 3212
Wigston	Dr. R.W. Kind	Council Offices Station Road, Wigston Tel. Leicester 881331

## DISTRICT MEDICAL OFFICERS OF HEALTH

Area	Name	Office Address & Telephone Number
<b>RURAL</b>		
Ashby-de-la-Zouch	Dr..A. Hamilton	Council Offices South Street Ashby-de-la-Zouch Tel. Ashby-de-la-Zouch 2783
Barrow-upon-Soar	Dr. J.W. Hall	Council Offices 31 Fowke Street, Rothley Tel. Rothley 2391
Billesdon	Dr. R.W. Kind	Council Offices, Thurnby Tel. Thurnby 2182
Blaby	Dr. A.C. Ross	Council Offices Narborough Tel. Narborough 2071
Castle Donington	Dr. R.C. Holderness	Council Offices Delven Lane Tel. Derby 810556
Lutterworth	Dr. A.C. Ross	Council Offices Lutterworth Tel. Lutterworth 2161
Market Bosworth	Dr. J.B. Kershaw	Council Offices Market Bosworth Tel. Market Bosworth 290601
Market Harborough	Dr. R.W. Kind	Council Offices 42 High Street Market Harborough Tel. Market Harborough 3291
Melton & Belvoir	Dr. G. McHugh	Warwick Lodge Melton Mowbray Tel. Melton Mowbray 3343



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**PART I:      STATISTICS**

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## VITAL STATISTICS OF THE AREA

	Admin. County	England & Wales
Live Births	8,429	783,165
Live Birth Rate (per 1,000 population)	17.2	16.0
Locally Adjusted Rate	16.9	16.0
Illegitimate Live Births	389	65,674
Illegitimate Live Births expressed as a percentage of total Live Births	5%	8%
Still Births	90	9,898
Still Birth Rate (per 1,000 total births)	11	12
Total Live and Still Births	8,519	793,063
Infant Mortality (deaths under one year of age)	125	13,726
Infant Mortality (per 1,000 Live Births)	15	18
Legitimate Infant Mortality Rate (per 1,000 Legitimate Births)	15	17
Illegitimate Infant Mortality Rate (per 1,000 Illegitimate Live Births)	15	24
Neo-natal Mortality (deaths under four weeks of age)	88	9,113
Neo-natal Mortality Rate (per 1,000 Live Births)	10	12
Early Neo-natal Mortality (deaths under one week)	74	7,750
Early Neo-natal Mortality Rate (per 1,000 Live Births)	9	10
Perinatal Mortality (Still Births and Deaths under one week)	164	17,648
Perinatal Mortality Rate (per 1,000 live and Still Births)	19	22

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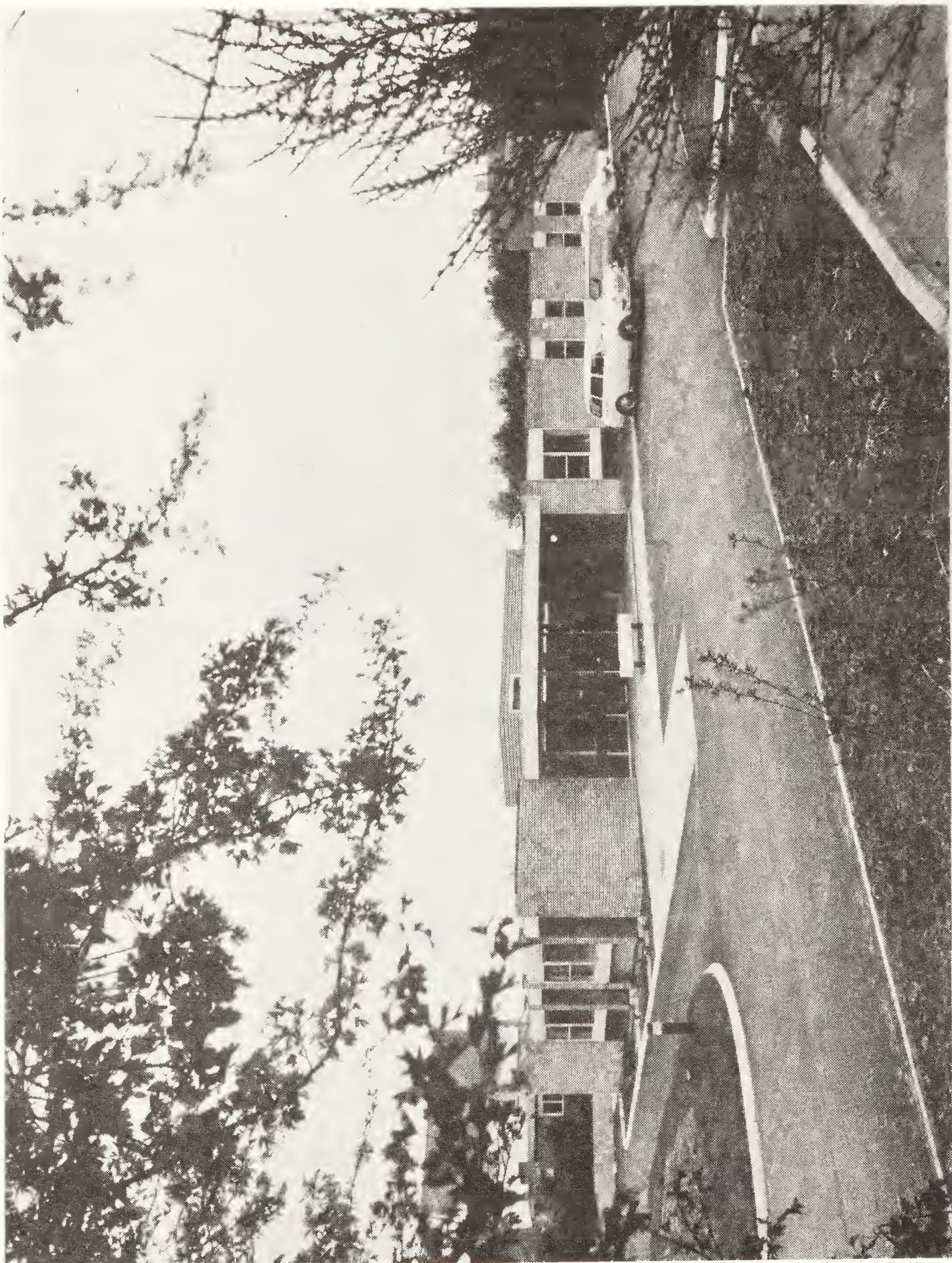
## OTHER STATISTICS

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Registrar General's Population Estimate	
Mid-1970	489,900
Area, in acres	530,248
Rateable value at 1st April, 1971	£19,882,976
Estimated product of 1p rate, 1971-72	£194,074
Deaths	4,736
Death Rate	9.7
Locally adjusted death rate	10.3
Tuberculosis death rate:—	
All forms	0.018 per 1,000 pop.
Pulmonary	0.018 per 1,000 pop.
Non-pulmonary	
Cancer death rate:—	
All forms	1.894 per 1,000 pop.
Lung and bronchus	0.469 per 1,000 pop.
Other sites	1.425 per 1,000 pop.

**POPULATION OF ADMINISTRATIVE COUNTY**

<i>URBAN</i>		<i>Mid-Year</i> <i>1970</i>	<i>Mid-Year</i> <i>1971</i>
Ashby-de-la-Zouch	8,040	8,300	
Ashby Woulds	3,170	3,000	
Coalville	28,640	28,360	
Hinckley	45,330	48,170	
Loughborough M.B.	40,560	48,180	
Market Harborough	13,470	14,440	
Melton Mowbray	18,630	19,840	
Oadby	19,800	19,730	
Shepshed	8,300	8,410	
Wigston	28,810	30,140	
Total	214,750	228,570	
<i>RURAL</i>		<i>Mid-Year</i> <i>1970</i>	<i>Mid-Year</i> <i>1971</i>
Ashby-de-la-Zouch	14,120	14,680	
Barrow-upon-Soar	70,190	70,850	
Billesdon	11,470	11,200	
Blaby	70,350	74,270	
Castle Donington	11,620	11,850	
Lutterworth	15,260	15,520	
Market Bosworth	31,400	32,220	
Market Harborough	10,970	11,850	
Melton & Belvoir	18,920	18,890	
Total	254,300	261,330	
Total Administrative County	469,050	489,900	



*Lutterworth Health Centre.*

## Causes of Death at Different Periods of Life in the Administrative County of Leicestershire, 1971

	Under 4 weeks		4 weeks & under 1 year		Age in Years												Urban Districts		Rural Districts		Whole County										
					1-	5-	15-	25-	35-	45-	65-	65-	75 & over	m	f	t															
			m	f	m	f	m	f	m	f	m	f	t	m	f	t	m	f	t	m	f	t									
B4 Enteritis and other Diarrhoeal Diseases	.	.	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	.	1	1	1								
B5 Tuberculosis of Respiratory System	.	.	.	.	.	.	.	.	.	2	1	1	.	.	.	2	.	1	1	5	5	1	6								
B6(1) Late effects of Respiratory Tuberculosis	.	.	.	.	.	.	.	.	.	.	.	.	2	.	1	.	2	.	2	1	.	1	3	3							
B9 Whooping Cough	.	.	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	.	1	1	1								
B11 Meningococcal Infection	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.	.	1	1	.	.	1	1								
B18 Other Infective and Parasitic Diseases	.	1	1	.	.	.	.	.	.	.	1	1	.	1	1	2	.	2	2	4	4	2	6								
B19(1) Malignant Neoplasm, Buccal Cavity etc.	.	.	.	.	.	.	.	.	.	1	1	.	.	4	2	2	1	3	3	2	5	5	3	8							
B19(2) Malignant Neoplasm, Oesophagus	.	.	.	.	.	.	.	1	.	.	1	6	.	6	1	2	5	8	1	9	7	6	13	15	7	22					
B19(3) Malignant Neoplasm, Stomach	.	.	.	.	.	.	.	.	1	7	3	17	4	26	18	15	19	32	21	53	34	23	57	66	44	110					
B19(4) Malignant Neoplasm, Intestine	.	.	.	.	.	.	.	.	2	2	4	4	16	14	14	15	20	21	24	25	49	32	31	63	56	56	112				
B19(5) Malignant Neoplasm, Larynx	.	.	.	.	.	.	.	.	.	2	.	2	1	4	.	5	1	6	3	.	3	8	1	9	.	.					
B19(6) Malignant Neoplasm, Lung, Bronchus	.	.	.	.	.	.	.	.	1	23	2	65	12	70	10	41	6	110	13	123	90	17	107	200	30	230					
B19(7) Malignant Neoplasm, Breast	.	.	.	.	.	.	.	.	.	9	.	20	.	23	.	33	.	21	.	62	62	.	44	44	.	106	106				
B19(8) Malignant Neoplasm, Uterus	.	.	.	.	.	.	.	.	1	1	6	.	8	.	10	.	5	.	17	17	.	14	14	.	31	31					
B19(9) Malignant Neoplasm, Prostate	.	.	.	.	.	.	.	.	.	1	.	4	.	14	.	14	.	15	.	15	18	.	18	33	.	.					
B19(10) Leukaemia	.	.	.	1	2	1	2	.	1	.	2	6	2	2	2	7	2	6	3	9	13	8	21	19	11	30					
B19(11) Other Malignant Neoplasms	.	2	.	.	1	2	.	5	2	6	5	13	17	24	27	32	37	24	40	53	61	114	55	68	123	108	129	237			
B20 Benign and Unspecified Neoplasms	.	.	.	.	.	.	.	1	.	.	1	1	2	1	2	.	2	3	5	1	2	3	3	5	8	.	.				
B21 Diabetes Mellitus	.	.	.	.	.	.	.	.	.	1	1	4	4	7	18	8	11	14	12	26	6	22	28	20	34	54	.	.			
B22 Avitaminoses, etc.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	1	.	.	1	1	2	1	1	2	.	.					
B46(1) Other Endocrine etc. Diseases	.	.	1	1	.	.	.	.	1	.	.	1	1	1	1	3	.	9	1	7	8	2	7	9	3	14	17				
B23 Anaemias	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.	1	.	.	1	1	2	1	1	.	.					
B46(2) Other Diseases of Blood, etc.	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.	1	.	.	1	1	2	1	1	2	.	.				
B46(3) Mental Disorders	.	.	2	.	1	2	.	.	.	.	1	.	1	1	1	1	3	.	3	3	.	1	1	.	4	4					
B24 Meningitis	.	2	.	1	2	.	.	.	.	.	1	.	1	1	.	.	.	2	1	3	2	2	4	4	3	7					
B46(4) Multiple Sclerosis	.	.	1	.	1	1	.	.	1	1	.	1	2	3	2	1	6	1	5	5	13	7	20	5	6	11	18	13	31		
B46(5) Other Diseases of Nervous System	.	1	.	1	1	.	.	.	1	1	.	1	2	3	2	1	6	1	5	5	13	7	20	5	6	11	18	13	31		
B26 Chronic Rheumatic Heart Disease	.	.	.	.	.	.	.	.	2	.	2	4	7	7	6	9	7	12	11	10	21	13	22	35	24	32	56	.	.		
B27 Hypertensive Disease	.	.	.	.	.	.	.	1	.	1	.	1	2	4	6	7	16	25	46	18	33	51	21	37	58	39	70	109	.	.	
B28 Ischaemic Heart Disease	.	.	.	.	.	.	2	.	16	5	60	16	161	27	203	116	196	274	306	204	510	332	234	566	638	438	1076	.	.		
B29 Other Forms of Heart Disease	.	1	.	.	.	.	2	.	.	2	1	3	13	8	34	22	111	85	156	280	154	194	348	162	205	367	316	399	715	.	.
B30 Cerebrovascular Disease	.	.	.	.	.	.	.	2	1	.	3	13	8	34	22	111	85	156	280	154	194	348	162	205	367	316	399	715	.	.	
B46(6) Other Diseases of Circulatory System	.	.	.	.	.	.	.	.	1	2	2	4	2	10	8	31	19	49	67	53	46	99	43	53	96	96	99	195	.	.	
B31 Influenza	.	.	2	1	2	3	.	.	1	1	1	3	3	9	2	29	23	82	119	64	63	127	69	90	159	133	153	286	.	.	
B32 Pneumonia	3	1	1	2	1	2	3	.	1	1	1	3	3	9	2	29	23	82	119	64	63	127	69	90	159	133	153	286	.	.	
B33(1) Bronchitis and Emphysema	.	2	.	.	1	.	.	.	1	.	1	2	1	2	1	.	2	1	7	7	8	2	7	25	105	142	42	184	.	.	
B33(2) Asthma	.	.	1	.	.	.	.	1	.	1	2	1	2	1	.	2	1	4	6	1	4	5	3	8	11	.	.				
B46(7) Other Diseases of Respiratory System	.	7	4	1	.	.	.	.	1	2	.	2	.	2	.	7	4	10	9	14	8	22	16	9	25	30	17	47	.	.	
B34 Peptic Ulcer	.	.	.	.	.	.	.	.	.	.	5	.	6	2	13	7	7	8	15	17	1	18	24	9	33	.	.				
B35 Appendicitis	.	.	.	.	1	.	.</td																								



## Birth Statistics

### *Births occurring within the County*

	Live births	Still births	Total
<i>Domiciliary:</i>			
County Patients	1,258	2	1,260
Other Patients	2	.	2
<i>Institutional:</i>			
County Patients	2,797	8	2,805
Other Patients	553	.	553
Total	4,610	10	4,620

### *County births occurring outside the County*

	Live births	Still births	Total
<i>Domiciliary</i>			
	6	.	6
<i>Institutional</i>	4,337	79	4,416
Total	4,343	79	4,422

### *Net births to County Residents*

	Live births	Still births	Total
<i>Domiciliary</i>			
	1,264	2	1,266
<i>Institutional</i>	7,134	87	7,221
Total	8,398	89	8,487

### *Premature births*

	Live births	Still births
Born in Institutions	390	57
Born at home or in a Nursing Home	22	2

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**PART II: PERSONAL HEALTH SERVICES**

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## HEALTH CENTRES

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The County's first operational Health Centre at Syston has attracted attention from a large number of General Practitioners and during the year there has been increasing interest shown in the provision of Health Centres.

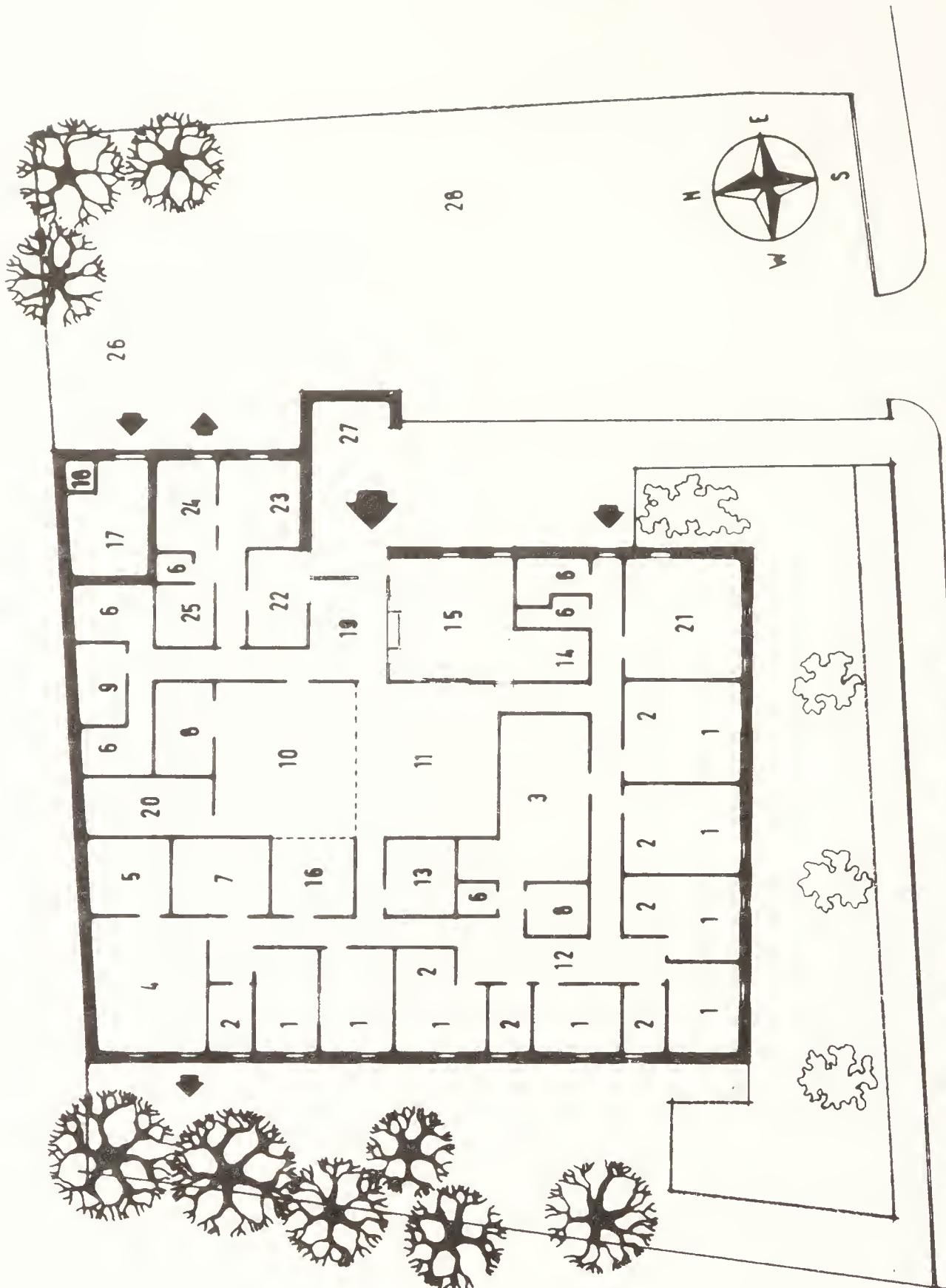
The second Health Centre, at Lutterworth, was completed by the end of 1970 and became operational on the 1st January, 1971. The Centre accommodates two practices, one a partnership of four practitioners and the other a single-handed practice. There is also a fully equipped local authority dental suite in the Centre.

Work commenced on the building of the Narborough Health Centre for two general practices. The completion date will be in the early summer of 1972. The scheme for a Health Centre at Anstey has been postponed for the present as one of the General Practitioners withdrew his intention to participate and the other practice would only have been a branch surgery. However, acquisition of property for the projected Centre at Ashby-de-la-Zouch has proceeded and erection of the Health Centre is planned for 1972, see page 24.

Additional Health Centres are being planned for Loughborough, Hinckley, Wigston, Market Harborough and Oadby, but in all cases the limiting factor at present is the acquisition of suitable sites. Discussions began with the Sheffield Regional Hospital Board and tentative agreement has been reached for the Hinckley Centre to be built on hospital land adjacent to a community hospital.

# ASSEMBLY DE LA ZOUCH HEALTH CENTRE

0 1 5 10 meters



- 1 Consultant Examination
- 2 Treatment
- 3 Public Health Nurses
- 4 Home Nurses
- 5 Toilets
- 6 Speech Therapy
- 7 Store
- 8 Cleaner
- 9 Reception
- 10 Health Education
- 11 General Waiting
- 12 Sub Waiting
- 13 Medical Aid Department
- 14 Office
- 15 General Purpose
- 16 Boiler House
- 17 Incinerator / Gas Meter
- 18 Entrance
- 19 Kitchen
- 20 Staff
- 21 Dental Waiting
- 22 Surgery
- 23 Recovery
- 24 Laboratory
- 25 Service Yard
- 26 Prams
- 27 Car Park
- 28

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## CARE OF MOTHERS AND YOUNG CHILDREN

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### Ante-Natal Clinics

A reduced number of clinics continue to provide mainly health education, relaxation classes and preparation for motherhood. The medical aspects of pregnancy are dealt with mainly by the General Practitioner, of whom an ever increasing number have a domiciliary midwife in attendance at their clinics.

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#### *Ante-natal clinics*

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<i>Women attending for:</i>	
Ante-natal examination	667
Post-natal examination	.
<i>Sessions held by:</i>	
Medical Officers	40
Midwives	51

### Relaxation Classes

Each class consists of relaxation and exercises in preparation for the confinement, and also instruction in pregnancy, labour, child care and related subjects.

The number of women who attended during the year was 1,324 of whom 1,171 were booked for institutional confinement, and 153 for domiciliary confinement. The total number of attendances was 8,333.

### Dental Service

#### *Dental Treatment of Expectant and Nursing Mothers and Pre-School Children*

The number of sessions devoted to the inspection and treatment of expectant and nursing mothers and pre-school children amounted to 38, an increase of 10 over the previous year. This still means that only 1.8% of the service's time is being

given to this work. As a result it is difficult with such comparatively few patients, to arrive at any conclusions as to the overall treatment needs in these sections of the community. It should be noted that pre-school children are a very important priority group, since it is often necessary to see children at an early age before fears have been generated by contact with other children at school. At that stage, the treatment required is often minimal, thereby enabling the child's confidence to be more readily gained. It is somewhat unfortunate that the present staffing situation has precluded any planned extension programme in this direction, and for the same reason, the consultation clinic at Market Harborough has been discontinued. Nevertheless, consent forms issued to parents following the dental inspections of school children now include the following:

"IMPORTANT NOTICE – Free dental treatment is  
available to children under the age of 5 years".

There are hopeful signs of a staffing improvement and should this materialise, consideration will be given to inspection of children in nursery schools and possibly play-groups, if the co-operation of parents and organisers could be obtained.

It is conceivable that, in future, expectant and nursing mothers will make a bigger demand upon the service as greater difficulty is likely to be experienced in obtaining appointments with general dental practitioners in some areas. A number of illustrated talks on the need for dental care have been given to mothers' and young wives' groups, and it is hoped that this preventive approach can be expanded.

#### *Dental Treatment Provided During 1971*

	Children under 5	Expectant and nursing mothers	Adult sub-normals
First Visits	93	7	56
Total Visits	201	34	153
Fillings	110	30	71
Extractions	110	31	88
General Anaesthetics	22	1	7
No. of Dentures Fitted	.	3	5
Scalings	6	6	27

#### *Dental Treatment of Adult Sub-Normal Patients*

Once again, inspection and treatment have been provided for those attending Desford and Mountsorrel Adult Training Centres at Coalville and Loughborough Clinics. The number of attendances have slightly increased, but due to the regularity of inspections, the overall treatment required has decreased. Attention is drawn once again to the need for many of these patients to receive regular scaling, as the incidence of periodontal (gum) disease is high.



*Lutterworth Health Centre, waiting area and reception.*

### *Fluoridation of the Water Supply*

It is hoped that this long-delayed preventive measure will commence during the coming year with its ensuing benefits to children's teeth.

### **Maternity Outfits**

During the year 1,668 standard outfits, each with a bottle of suitable antiseptic, were issued by the Department; a decrease of 175 from the previous year. Some 2,104 modified outfits were issued for use in cases discharged from maternity hospital up to three days after confinement; an increase of 24 on 1970. The figures illustrate the continuing trend of previous years away from domiciliary deliveries to hospital confinement with an early discharge.

### **Family Planning**

Family Planning Clinics continue to operate in the Health Clinics at Loughborough, and Market Harborough and during the year sessions started in the Health Clinics at Hinckley and Melton Mowbray. Many County patients attended the Leicester City Clinic at 10 East Street, which is to be moved in April 1972 to St. Peter's Health Centre, Sparkenhoe Street.

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### **Statistics**

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New patients	1,430
Total patient visits	10,320
Number of sessions with a Doctor attending	620

### **Deafness in Young Children**

The work of the Pre-School Audiology Clinics has continued during the year and details of clinics held and children attending are given below.

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### *The Work of the Pre-School Audiology Clinics, 1971*

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	St. Martins Leics.	Lough borough	Hinckley	Market Harbor ough	Melton Mowbray	Coal ville
Numbers of Clinics held	46	20	19	9	12	22
Number of Children attending	249	67	77	29	48	73
Number of Pre-School E.N.T. Clinics	12	.	.	.	.	.
Number of Children attending	111	.	.	.	.	.

## Testing for Phenylketonuria

Testing by the "Guthrie" method commenced in Leicestershire in June 1970, in close liaison with the Regional Hospital Board who provided laboratory facilities at Sheffield.

During the year January to December 1971, 9,073 births were recorded for Leicestershire residents, all of these babies being tested for Phenylketonuria, there being no refusals by parents to co-operate.

It was necessary to obtain repeat samples from 59 babies; 32 of which being inadequate samples in the first instance and 27 having raised Phenylketone levels at the first testing. All were recorded as normal as a result of the second sample.

One infant was diagnosed as an atypical Phenylketonuria with a continued level of Phenylalanine slightly above the norm (11.5 mgms/100 mls.). No treatment is considered necessary but regular observational checks are being made.

## Congenital Malformations Apparent at Birth

The Registrar has drawn attention to an increase in the number of cases of a particular defect notified on three occasions during the year:—

Other specified malformations of the skin including ichthyosis congenita	(March 3; April 5.)
Hypospadias, Epispadias	(January 3.)
Other and unspecified congenital malformations	(June 3.)
Syndactyly	(March 4; April 2; June 3; July 3.)

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### *Children suffering from Congenital Malformations – Livebirths*

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Central Nervous System	18
Eyes and Ears	6
Alimentary System	26
Heart and Circulatory System	15
Respiratory System	4
Urogenital System	27
Limbs	48
Other parts of Musculo-Skeletal System	5
Other Systems	34
Other Malformations	10
Male	98
Female	70

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### *Total malformations in above*

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Male	130
Female	86

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*Children suffering from Congenital Malformations – Stillbirths*

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Central Nervous System	16
Eyes and Ears	.
Alimentary System	.
Heart and Circulatory System	.
Respiratory System	.
Urogenital System	1
Limbs	2
Other parts of Musculo-Skeletal System	1
Other Systems	1
Other Malformations	2
Male	8
Female	13
<i>Total malformations in above</i>	
Male	12
Female	16

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### **Observation and Handicap Registers**

1971 marks the fifth year of the maintenance of these registers.

The usefulness of the Observation Register is undoubtedly well recognised but it also has well recognised limitations. It is instructive as a discipline of relating handicapping conditions to their possible cause and it is practical in concentrating the majority of children subsequently found to have handicapping conditions of educational significance.

A small proportion of children with handicaps has not, however, been included on the Register. Because of this, plans were made during the year to offer developmental and hearing screening tests to the entire infant population during 1972.

The number of children's cases entered on the Observation Register during the year was 3,463 which amounts to 41% of the total live births for the year.

### **Termination of Pregnancy**

The Abortion Act 1967 came into effect on 27th April, 1968. Under the Act a legally induced abortion must be performed by a registered medical practitioner in a National Health Service hospital or other approved place, except in an emergency and must be certified by two registered medical practitioners.

The grounds on which a pregnancy may be terminated depend on the risk to life and physical and mental health of the pregnant woman, the risk of injury to the

physical and mental health of any existing children of the family, and the substantial risk that if the child were born it would be seriously physically or mentally handicapped. In an emergency, an abortion may be certified by the operating practitioner and induced to save the life of the pregnant women or to prevent grave permanent injury to her physical and mental health. The following statistics are issued in the Abortion Supplement of the Registrar General's Statistical Review.

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*Legally Induced Abortions, County Residents*

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	1969	1970
<i>Marital Status</i>		
Married	113	213
Single	146	220
Other	16	41
<i>Age</i>		
Under 16	10	17
16-19	54	101
20-34	142	242
35-44	64	102
Over 44	1	2
Not stated	4	10
Total	275	474

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*Place of operation on County Residents*

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	1969	1970
<i>County</i>		
N.H.S. Hospital	141	168
Non N.H.S.	1	.
<i>Non-County</i>		
N.H.S. Hospital	39	35
Non N.H.S.	94	271
Total	275	474

## National Surveillance of Congenital Rubella Defects

During 1971, the Medical Officers of Health of local Health Authorities were asked to co-operate in the above survey. This involves obtaining the co-operation of the child with a defect, such as hearing, and his mother in tests and completion of a questionnaire to prove or disprove congenital rubella as the cause of the defect.

It was felt that co-operation of the medical staff was possible to investigate the under five year old age group but that too many difficulties would be encountered in investigating the older age groups.

## Child Abuse Syndrome

The Child Abuse Syndrome, also known as the Battered Baby Syndrome, is an important symptom of malfunctioning relationships in certain families. Often only one child in the family of several is damaged and it is by no means easy for the worker in preventative care to forecast the one likely to be hurt, although in a number of cases the last, unwanted, baby is the most likely candidate. Once the young child has in fact been hurt, many agencies become involved. Their efforts are concentrated on the whole family and not just the offending parent in an endeavour to influence relationships in such a way that this child can be accepted without reservation as part of the family. Removal of the "battered" child in danger of further deliberate injury should be the last resort as very often another one takes the scapegoat's place. The services of a psychiatrist can be an essential part of the management programme.

In 1970, stimulated by a circular from the Department of Health and Social Security, a special meeting was called in Leicestershire when various interested medical and social agencies from both city and county agreed on procedures to be adopted in cases of suspected or actual child abuse. This system, which is subject to review from time to time, appears to work satisfactorily and ensures the desired co-ordination of all involved specialists.

Health Visitors are in key positions as 'spotters' particularly in cases which might not otherwise have been brought up for medical opinion i.e. when initial injuries are of a minor nature. One of their most important functions is that of local co-ordination. In certain cases of suspected deliberate injury to a child the health visitor alone may have to carry the responsibility for supervision perhaps in an atmosphere of suspicion. All her skills will be directed towards gaining the family's trust in an endeavour to change their attitudes without risking further damage to the infant.

Eight cases have been reported in the year under review. This low figure compares favourably with the recent estimate of the British Paediatric Society of 2,000 for the whole country, the Leicestershire cases being roughly 1/3rd of the estimated national average. Neither figure is likely to be truly representative because of underreporting as at least some cases are given the benefit of the doubt — it is very much against human nature to suspect a parent of deliberately injuring a helpless baby.

The low Leicestershire figure probably reflects the rather high socio-economic standard of this prosperous and partly rural community where stresses can be expected to occur less frequently than in more highly industrialised, urban communities.

### **Child Health Centres**

By far the majority of clinic sessions are still held in non-purpose built centres — mainly village and church halls as well as community centres. Many of these premises are only marginally acceptable for the purpose of present day child health clinic sessions and a very low standard of facilities has to be accepted by force of circumstances. Every effort is being made to up-grade the premises either by persuading the letting authorities to implement promised improvements or by transferring the centre to better accommodation as and when this becomes available. Hopes are pinned on the provision of more purpose built premises, be it improved and adapted general practitioner surgeries or health centres. Two additional general practitioner surgeries have become available for this purpose during the year, increasing the number of all centres from eighty-three to eighty-five.

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#### *Child Health Centres*

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Health Centres	1
Purpose built Clinics	6
Other Clinics	1
General Practitioners Surgeries	6
Village Halls, Community Centres etc.	71
 Total	85

Doctors working in child health centres fall into two administrative categories:—

1. Medical Officers who are engaged either full or part-time on clinical work. The latter hold joint appointments as District Medical Officers.
2. General Practitioners, engaged by the Health Department for sessional work.

It will be noted from the relevant table that the number of sessions held by the latter have increased substantially. This trend is likely to continue and reflects the difficulties experienced by the Health Department in attracting full time medical staff. Provided that doctors so engaged become fully conversant with the more specialised work of the clinic, this tendency could well prove of great advantage. More and more general practitioners now conduct their own child health clinics in conjunction with attached health visitors and they should be much helped in this work by the guidance given and experience gained as sessional Local Authority doctors.

Latterly there has been a change in the role of the doctor conducting the child health clinic. Up to recent times his function was that of complementing the services of the busy family doctor and underpinning those of the health visitor. He, or more often she, would spend much time advising on infant feeding and management and physical examinations, thus duplicating the work of the health visitor and also that of the family doctor particularly in regard to minor ailments. The emphasis of the work has now shifted towards the developmental aspect of the young child. Many clinic doctors have familiarized themselves with new techniques and can confidently expect to be regarded as specialists in this work. Mothers are slowly appreciating the difference of approach and are very interested to observe their baby's new-style examination. Doctors find that in this way more time has to be spent on each child and therefore the health visitor's work should dovetail carefully with that of the clinic doctor. Emotional problems, the most time consuming of all, though perhaps also the most rewarding, may have to be left more and more to the health visitor who will have to perfect her skills in that field if the young child is to derive the greatest benefit from the work of the Child Health Centre.

Attendances at Centres have not changed materially from those of the preceding year as will be seen from the table below. A slight shift in the age range of attending children from below to above the age of 2 years may not necessarily denote a change of pattern. It will be interesting to see if the trend continues. Toddlers are not usually brought to centres as readily as the young baby, yet this group of children is very much in need of preventive check-ups. It is highly desirable for school entrants to have undergone a full medical examination well before the age of five so that remedial measures can at least be started if not completed at the time of school entry.

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*The Number of Sessions held during the year*

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	1970	1971
By Medical Officers	737	724
By Health Visitors	1,072	969
General Practitioners employed on a sessional basis	519	605
Totals	2,328	2,298

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*The Number of Children attending during the year*

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	1970	1971
Aged under one year	6,730	6,296
Aged under two years	5,203	5,007
Aged between two and five years	4,820	5,287
Totals	16,753	16,590

**Welfare Foods**

Welfare foods are distributed through County Council premises, Post Offices, shops and private homes. The Women's Royal Voluntary Service deal very efficiently with distribution in urban areas. The Child Health Centres are, of course, major distributors for the department.

Vitamin Drops were introduced during the year in anticipation of the discontinuance of orange juice.

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*Issues over the last four years*

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	1968	1969	1970	1971
Dried Milk, tins	24,689	20,133	16,315	14,224
Orange Juice, bottles	89,508	106,391	128,592	128,240
Cod Liver Oil, bottles	4,338	4,706	4,808	3,138
Vitamin A & D tablets, packets	7,177	7,694	8,742	6,472
Vitamin drops, bottles	.	.	.	5,931

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## MIDWIFERY

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### Staffing

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#### *Staffing Position at 31st December, 1971*

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	In Post	Vacancies	Resignations during year	Appointments during year
Whole time Midwives	11.5)		1	1.5
District Nurse/Midwives	55 )	11	13	10.5

The pattern of domiciliary confinements within the County continues to follow the national trend and at first sight it appears that domiciliary midwifery is waning. Nothing could be further from the truth.

A domiciliary midwifery service offers the expectant parents so much more than a delivery service. Midwives in this County are closely involved with the General Practitioners in providing a high standard of shared ante-natal care for all patients irrespective of where the baby is to be born. As in many other areas, the domiciliary Midwife in Leicestershire liaises closely with the hospital Midwife to make assessment for early discharge and in the follow-up of clinic defaulters. Their opinions and judgements are sought in sociological bookings.

With an ever increasing programme of Health Education the Midwife has a definite place in the planned programmes of parentcraft and relaxation. Her expertise in handling small babies coupled with her pre-knowledge of the mothers makes her the obvious person to carry out routine Guthrie tests and retests in the home.

The continuing rise in the proportions of patients delivered in hospital and discharged very soon after to the care of the domiciliary midwife and the amount of care and support these mothers require re-inforces the argument that the domiciliary midwifery service is still very much alive and needed.

## Radio Communications

During the year various tests have been carried out with portable and car based radio — telephone equipment. A survey in depth is to be carried out early in the new year and the advance information of this equipment is very promising. It is hoped that during the next year a large proportion of the County staff be equipped and supported by a radio that will give complete County coverage.

## Training and Post Graduate Courses

During the past few years the service has experienced a turnover of staff caused by the retirement of long standing employees and the appointment of newly qualified staff. Despite our practise of sending 20% of Midwifery staff away each year on refresher courses, only nine Midwives attended courses last year as required under Rule G1. of the Central Midwives Board whilst the courses attended proved interesting, and staff have expressed their appreciation of being allowed to attend. All have expressed some dissatisfaction at the absence of information about the future of midwifery.

Negotiations took place during the year between the Matron of the Leicester Royal Infirmary Maternity Hospital, the County Nursing Superintendent and the Chief Administrative Nursing Officer of the City of Leicester to provide, as a joint venture, the three-month programme of community care for the Part II pupil Midwives.

The first course was successfully mounted by the County Nursing Officers and it has been decided to run the courses alternatively in the City and the County, with officers of both authorities co-operating.

Nine Pupil Midwives completed their Part II training in the County during 1971.

## Statistics

*Table 1. Confinements to County Residents*

	1967	1968	1969	1970	1971
Institutional	5,852	6,310	6,443	6,743	7,221
	72.2%	77.2%	79%	81.3%	85.3%
Domiciliary	2,200	1,874	1,712	1,551	1,246
	27.8%	22.8%	21%	18.7%	14.7%

*Table 2. Home Assessments*

	1967	1968	1969	1970	1971
Sociological Bookings	1,468	1,398	1,451	2,647	1,646
Early Discharges	2,018	2,664	2,861	1,913	3,053
Total	3,486	4,062	4,312	4,560	4,699

*Table 3. Early Discharges*

	1967	1968	1969	1970	1971
Cases	4,004	5,087	5,292	5,707	5,835
Visits	25,508	30,953	33,073	33,582	34,071

*Confinement of County Cases in Institutions Outside the County in 1971*

Burton-on-Trent, Andressey Hospital	61
Derby City Hospital	125
Derby, Queen Mary Maternity Home	40
(General) Grantham Hospital	28
Harborough Magna, St. Mary's Hospital	102
Kettering, St. Mary's Hospital	68
Leicester Royal Infirmary Maternity Hospital	2,072
Leicester General Hospital	682
Leicester, St. Francis Private Hospital	172
Leicester, Westcotes Maternity Hospital	132
Lincoln, Grantham and Kesteven General Hospital	15
Nottingham, Women's Hospital	100
Nuneaton Maternity Hospital	717
25 Hospitals with less than fifteen Confinements of Leicestershire Patients	104
Total	4,418

*Confinements in County Institutions, 1971*

	County Cases	Non-County Cases	Total
Ashby and District Hospital	464	104	568
Kirby Muxloe, Roundhill Maternity Home	1,063	348	1,411
Loughborough General Hospital	323	4	327
Lutterworth Cottage Hospital	149	3	152
Market Harborough and District	221	66	287
Melton Mowbray St. Mary's Hospital	587	28	615
Totals	2,807	553	3,360



*The presentation to Miss A. Hornsby, Superintendent Health Visitor, by  
Doctor A.R. Buchan, County Medical Officer of Health.*

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## HEALTH VISITING SERVICE

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Miss A. Hornsby, Superintendent Health Visitor, retired on 30th April.

As an appreciation of her loyal work to the section for twenty-three years, her many friends and colleagues attended a presentation in which she was given a Bernina sewing machine and a cheque, by Dr. A.R. Buchan, County Medical Officer.

Presentations were also made on September 29th to Miss W. Carter and Miss E.F.V. Smith, at the South Wigston Clinic, both Health Visitors retiring after more than twenty years of service in the Wigston and Blaby areas.

### Personnel

During the year an additional seven full time Health Visitors and one full time specialist Health Visitor for Diabetics, were appointed. Four students qualified as Health Visitors and were also appointed to the full-time staff. Four students entered the training school in September.

The establishment of Group Adviser Health Visitor posts was increased and on 1st January, 1971, Mrs. M. McCarthy was appointed to the Blaby area.

The employment of State Enrolled Nurses to assist Health Visitors continues to prove valuable, and in accordance with the ten year development plan, an increase in the establishment was requested and three more were appointed as full-time workers.

Three full-time and two part-time Health Visitors left the service and two full-time Health Visitors retired. One State Enrolled Nurse also left the service.

### Professional Education

Another course in Audiology Assessment commenced in February, consisting of ten sessions and a visit to Stoneleigh School for the Deaf, in Leicester. Six Health Visitors took part in this training and at the end of the course received a Certificate of Proficiency.

The course lecturers were Mr. David Harrison and Mrs. Pauline Carr, Teachers for Partially Hearing Children.

During the latter part of 1971 three groups of Health Visitors attended County Hall for a period of in-service training, designed to provide them with a basic knowledge and understanding of Health Education techniques. The courses were organised by Mrs. B.M. Williams, Adviser in Health Education, and resulted in several Health Visitors undertaking programmes of Health Education in their areas. This included a pilot scheme of health and hygiene talks to play group children. Health Visitors are indebted to the Health Education section for support and guidance given throughout the year in programming the teaching of Health Education to schools and adult groups.

A three day lecture course for Public Health Nursing staff was again held in May, at the County Hall. This course, designed to illustrate various changes and aspects in the nursing structure, included a lecture by Mr. E.L. Mayston, chairman of the working party report on the 'Management Structure of Local Authority Nursing Services'. Health Visitors attended when time allowed.

During 1971, four Health Visitors attended a Post Certificate Refresher Course, organised by the Royal College of Nursing, three attended a similar course, organised by Bristol University and one Health Visitor a course organised by the Health Visitors Association.

Two Group Advisers attended First Line Management Courses and one Health Visitor attended a Field Work Instructors Course. These were much appreciated and provided the staff with subjects for discussion at group meetings.

Programmes for one week's practical experience in Leicestershire were arranged for student Health Visitors from London, Birmingham, Leicester City, Chiswick, Liverpool and Reading. Lectures were given to the District Nurses Training Course and to the Student Midwives by the Health Visiting Superintendent, two Group Advisers and the Specialist Health Visitor for Diabetics.

The increasing use of State Enrolled Nurses to assist Health Visitors requires recognised practical work instruction and approaches have already been made to the Department of Health and Social Security.

## Attachment

The total number of Health Visitors attached to General Practitioners is 56, involving 65 practices and 167 family doctors.

Two more child health clinics have been established in surgery premises and are staffed by their attached Health Visitors. Another Health Visitor attends the family planning clinic, established during 1971 at the Shepshed Group General Practitioners' surgery.

Visiting over boundaries of neighbouring authorities continues and now includes Nottinghamshire and two practices in the County, having patients in Leicester City.

The pattern of attachment is now normally accepted and Health Visitors continue to report increasing satisfaction in their work.

### The Elderly

Health Visitors visit the elderly according to need. Close co-operation is maintained with General Practitioners, statutory and voluntary agencies and every effort made to keep the aged in good health.

A Group Adviser now attends the Geriatric Unit in Leicester, for discussions with the Geriatricians and Social Workers, regarding admissions and discharges of County patients, acting as liaison between them and the Health Visitors working in the field.

Several talks given by Health Visitors to clubs, centres and clinics for old people appear to have been much appreciated.

### Diabetic Clinic and Visiting

On April 1st, the establishment of specialist Diabetic Health Visitor was increased and an appointment to this post made immediately.

Domiciliary visiting is now more adequately covered, the County being roughly divided North and South of Leicester, for this purpose.

Both Health Visitors attend the special clinic for Diabetics at the Leicester Royal Infirmary, co-operating closely with the Consultant Physician and liaising with the Health Visitors in the field.

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### *Home Visits by Health Visitors*

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	Equivalent 1970	1971
Children born in 1970	8,403	8,433
Children born in 1969	10,979	10,670
Children born in 1965-68	19,683	17,395
Total number of children	39,065	36,498
Persons aged 65 or over	4,491	4,873
Special visits at request of G.P. or hospital to persons aged 65 or over	2,400	2,571
Mentally disordered persons	268	270
Special visits at request of G.P. or hospital to mentally disordered persons	163	190
Persons discharged from hospital other than mental hospital (excluding maternity cases)	164	235
Special visits at request of G.P. or hospital to persons discharged from hospital	126	169
Tuberculous households	184	145
Households on account of other infectious diseases	137	214
Other cases	2,584	2,445
Diabetics	1,213	2,302

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## HOME NURSING

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### Staffing

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#### *Staffing Position at 31st December, 1971*

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	In Post	Vacancies	Resignations	Appointments
District Nurses	66.5)		5	16
District Nurse/Midwives	55)	11	13	10.5
Midwives	19.5)		1	1.5
State Enrolled Nurses	11	1	3.5	11
Nursing Auxiliaries	9.5	0.5	3	6
Night Nurses	3	.	.	3

*(Whole time equivalents)*

During the year the staffing situation has fluctuated with widespread variations from month to month. Appointments have more than compensated for resignations and the situation at the end of the year was satisfactory though there were still vacancies for trained staff. The policy of appointing district nursing staff to support in areas where there are midwifery vacancies has proved most useful.

The appointment of the first three group advisers (first line managers) to the Midwifery and Home Nursing Section is the forerunner to the reorganisation of the service and it is anticipated that a further twelve appointments will be made in the next year.

### Night Nursing

In June a pilot scheme for a Night District Nursing Service was launched. Two S.R.N.'s, each with a car, are on duty from 9 p.m. to 6 a.m. each night, to cover an area of approximately 7 - 8 miles in depth round the City of Leicester. They visit any ill and incontinent patients referred by the day staff, and any patients who

require late night sedation or other injections. The night nurses are based in an office at the Ambulance Station and are available to assist when General Practitioners are called to emergency calls during the night. I would like to express my thanks to Mr. S.S. Dixon, County Ambulance Officer, and his staff for their help and co-operation, which has contributed so much to the success of the scheme.

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*Treatments, City border area night nursing, June – December*

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	Patients
General Nursing Care	58
Sedation	21
Other treatments	12
Total	91

Total number of visits (not included in other totals): 4,580

In the light of this experience the Committee agreed to establish a night nursing service in the City border areas and to extend to other areas as staff became available. The next night nursing area to be established will be based in Loughborough and will cover the area from Loughborough to the County boundary and will extend south to link with the border area. Again we are indebted to the County Ambulance Officer and his staff for their help and co-operation.

#### Attachments

The number of staff in attachments showed a slight increase, the emphasis here has been on consolidating the work in the groups, with a large increase in surgery commitments by local authority staff.

By the end of the year there were forty-two District Nursing Sisters and forty-three District Nurse/Midwives attached to sixty-one practices involving one hundred and sixty-four General Practitioners. It has been to the attachments that the extra support has been given by the increasing numbers of State Enrolled Nurses.

One development within an attachment that merits particular mention is the development of a specialist Surgical Nurse. In one area of the County there is a large group practice serving a small town. Within the group, various doctors have specialist roles including one who is a surgeon and who operates at the local hospital. The attached District Nursing Sister expressed an interest in nursing surgical patients. Discussions were held between the Nursing Officer, the Nursing Sister, the staff on the area, the Hospital Staff, the General Practitioner and the Consultant. As a result of these discussions, the attached Nursing Sister now attends the Out-Patients Department when her doctor has a clinic and she also accompanies him on a ward round and is responsible for the follow-up of all surgical patients discharged early to her care. She follows the routines agreed between the nursing

staff of the hospital, the G.P. and herself and in the two months of December, 1971 and January, 1972 the figures clearly show the better use of hospital beds and an increasing job interest for the District Nursing Sister.

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*Discharges from hospital, by days after operation, 1971*

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No. of Cases	Days after Operation
5	1
3	2
8	3
1	4
1	5
1	6
1	7
4	8-10
4	11-14
<b>Total</b>	<b>28</b>

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*The types of cases occurring in above*

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	Cases
Appendix	3
Hernia	1
Varicose Veins	6
Excision of lumps	2
Closure of Colostomy	4
Cholecystectomy	5
Others	7
<b>Total</b>	<b>28</b>

On October 1st, 1971, arrangements were made with the City Health Department to examine the possibilities of full nursing attachment to General Practitioners on the City/County border.

The County practices and two city practices with attachment of local authority nurses were selected to form a three month's pilot scheme. The nursing staff gave nursing and midwifery care to patients of the practice who needed such care, regardless of geographic boundaries. This proved a very satisfactory arrangement from the point of view of patient care and General Practitioner and nursing staff liaison.

There was a marginal increase in workload and travelling for County nurses with a proportionately greater increase for City staff. In December, 1971, it was decided to allow the pilot arrangements to become permanent but further involvement in such schemes was postponed owing to the costing difficulties envisaged by the City Health Department.

### Training

The training school for District Nursing Sisters and District Nurse/Midwives for the National Certificate of District Nursing, continues to operate successfully. During the year, twenty-two members of staff have completed the training course and been successful in the examination. This is a splendid record and I congratulate the staff who work very hard during this period. The standard of their work is extremely high and their project work always shows great effort and ingenuity. I would like to express my thanks to the Hospital Matrons and Nursing Officers and to the officers of other departments within the local authority who have co-operated fully to make the course so successful. I would also like to thank Mrs. C.E. Hill, the Deputy County Nursing Superintendent, who has been responsible for organising all the District Training Courses since the Authority was approved as a training body, and who will be retiring in the Spring of 1972. She has been unstinting in her efforts to support all students and especially those who found it hard to return to studying and the high standards attained reflect her success.

### Refresher Courses

During the year, eight members of staff attended general refresher courses, six members of staff attended special courses for fieldwork instructors and eight members of staff attended a special course for nurses working in General Practice. All these courses were much appreciated by the staff and were useful to them in the working situation.

The County staff acted as hostesses for three students who required community experience as part of their integrated training courses.

### Nursing Work Load

The following statistics exclude Syston Health Centre. It is significant that while the number of domiciliary cases are slightly less there is almost a 50% increase in the number of surgery patients.

#### *Home Treatments by all members of staff*

	1967	1968	1969	1970	1971
No. of Patients	8,028	10,298	13,952	14,615	14,470 <i>Includes Night Nursing</i>
No. of Visits	183,211	197,760	240,870	238,235	258,701 <i>Excludes Night Nursing</i>

*Patients and sessions at surgeries*

			1970	1971
Other than Imm. & Vacc. and				
ante-natal	<i>Patients</i>	17,951	25,558	
Immunisation and	<i>Sessions</i>	1,408	1,457	
Vaccination:	<i>Patients</i>	30,463	25,887	
Ante-Natal care:	<i>Sessions</i>	N/A	2,785	
	<i>Patients</i>	N/A	28,700	

*A Comparison of Cases and Visits (special age groups)*

		1967	1968	1969	1970	1971
Patients 65	<i>Cases</i>	4,112	5,034	6,401	7,534	5,356
and over						
at first visit	<i>Visits</i>	121,783	129,375	150,873	188,350	156,720
Patients under 5	<i>Cases</i>	404	840	1,103	1,172	990
at first visit	<i>Visits</i>	4,112	3,914	3,832	4,688	5,153

**Health Centres**

The only Health Centre operative during the year was at Syston. Despite staffing problems (the group worked with one District Nurse/Midwife vacancy for three months and half an S.E.N. vacancy for the whole of the year) the nursing work load was maintained. The nursing staff working from the Centre continue to rotate their duties on a weekly basis so that one member of the group is on duty in the treatment room throughout the day.

*Cases nursed in the Syston Health Centre, 1971*

Accidents	70
Dressings	1,997
Saturating	65
Minor Operations	113
Treatments	303
Eyes and Ears	336
Injections	1,062
Pessary changes	37
Miscellaneous follow ups	465
Pathology Hbs/Vene Punctures etc.	555
Urine Testing	1,584
Ante-Natals	2,047

### **Marie Curie Services**

For many years the Authority have administered the Area Welfare Grant and on January 1st, 1971, we began to administer the Marie Curie Day and Night Nursing Service, having recruited five S.R.N.'s and one Nursing Auxiliary.

During our first full year we were able to provide extra nursing care for fifty-one terminal cancer patients. The number of letters and telephone calls of sincere appreciation received by the Nursing Superintendents reflect the value of this service. I am most grateful to this loyal band of staff who now number eleven. They accept calls often at very short notice and are prepared to rearrange their domestic routines in the interest of the service.

### **County Hall Medical Unit**

The Health Department continue to staff the Medical Unit within County Hall, and to provide facilities for medical examinations in relation to university entrants, Heavy Goods Vehicle licences and Superannuation requirements. The unit's nursing staff assist at cytology clinics, enuresis clinics and at vaccination sessions for special groups of employees of the County Council. Vaccine supplies for General Practitioner use are stored at County Hall and issued by the nursing staff in the Medical Unit.

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#### ***Patients seen in the Unit***

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		<i>m</i>	<i>f</i>	<i>t</i>
	Medical	62	120	182
	Surgical	99	94	193
	Total	161	214	375

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#### ***Attendances at the Unit***

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		<i>m</i>	<i>f</i>	<i>t</i>
	Medical	113	276	389
	Surgical	170	195	365
	Total	283	471	754

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## AMBULANCE SERVICE

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### Premises

From 1st October, the central Workshop at Ireton Road, Leicester was discontinued. The staff were transferred to Combined Workshops at County Hall, Glenfield, where the maintenance and repair of Ambulances, together with Fire Service and other County Council vehicles is now carried out.

### Training

Training has continued throughout the year. Unfortunately, the plans for a residential school at Markfield have not yet reached fruition and courses have been held in the existing premises, using local hotels for overnight accommodation.

The demand for places on both Basic (six-week) and Ambulance Aid (two-week) courses has been sustained, staff from 18 other authorities having attended.

During the year, 7 Basic Courses were held, attended by a total of 126 personnel, including 111 from other authorities. Concurrently, 17 Ambulance Aid Courses were held and these were attended by 152 personnel including 100 from other authorities.

The syllabus of the Basic Training Course includes swimming and life saving instruction. During the year, 41 students attending these courses learned to swim and a further 48, who could already swim, passed examinations for Royal Life Saving Society Awards. Instruction is also given in Advanced Resuscitation and Advanced Safety Techniques. Some 124 students were successful in gaining Royal Life Saving Society Advanced Resuscitation Award and 11 the Advanced Safety Award.

In addition to Basic and Ambulance Aid Courses, a Course for Potential Instructors, to prepare candidates for the Department of Health Qualifying Courses for the National Ambulance Instructors Certificate, was arranged. This course was attended by 7 personnel from this Service and 7 from other authorities.

One member of the ambulance service staff attended a Department of Health Ambulance Instructor Course held at Wrenbury Hall, Cheshire.

## **Competitions**

One hundred and sixty four drivers were entered in the Safe Driving Award Scheme for 1971, organised by the Royal Society for the Prevention of Accidents, and of these, 105 (64%) gained awards.

The Service was represented in the National Ambulance Services Competition by a team comprising a Driver and Attendant, which competed in the Regional Eliminating Round at Bridlington. The team was awarded the "Pye" Shield as overall runners up in the Regional Round.

## **Transport of patients by rail**

During the year 59 patients were conveyed by ambulance and train from addresses in Leicestershire.

The majority – 40 – travelled to London, whilst other destinations included Sheffield (10 patients), Birmingham, Bolton, Brighton, Clacton on Sea, Colchester, Poole and Worthing.

## **Institute of Ambulance Officers**

Four members of the ambulance staff were successful in qualifying, by examination, as Graduates of the Institute.

## **Department of Health Circulars**

During the year a number of circulars relating to the Ambulance Service were received. Several referred to standards of ambulance equipment and in most cases the recommendations had already been implemented. Two examples are the circulars regarding (a) oxygen, resuscitation and suction equipment – all ambulances are fitted with oxygen equipment and many with engine operated suction apparatus; and (b) use of entonox – all ambulances are fitted with entonox apparatus and instruction in its use is included in training syllabuses at the school. Another circular referred to ambulance vehicle maintenance and safety precautions. Most of the recommendations are incorporated in existing ambulances and all new vehicles will comply in every respect.

## **Productivity Pay**

Negotiations continued throughout the year and it is hoped that a proposed productivity agreement will be implemented early in 1972.

## **Statistics**

At the end of the year 187 members of staff were employed by the Service and 62 vehicles were in use.

During 1971 the total number of patients carried was 163,520 and the total mileage travelled was 1,464,089, an average of 8.9 miles per patient.

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## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

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### Convalescent Home Treatment

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#### *County Cases at Convalescent Homes during 1971*

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Sheringham House Convalescent Home	131
Hunstanton Convalescent Home	11
Overstrand Hall Convalescent Home	79
Total	221 (151 in 1970)

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### Cervical Cytology

The County Health Department has again provided a limited service designed to supplement the work of the General Practitioners in the County.

A total of five positive smears were found out of 1,196 smears taken. This amounts to a rate of .418 per cent which is close to the national average of .440 per cent.

Three of the positive smears were taken from women under 35 years of age. Research has shown that the over 35's are at greater risk and national 'cyto' campaigns have been phased accordingly. It would be reasonable to assume, however, that the Leicestershire statistics are too limited to carry any significance.

A total of 136 women, 11.25 per cent, were referred to their General Practitioners for treatment of various conditions.

### Statistics for the Year

	Leicestershire	England and Wales
Number of smears taken	1,196	1,994,645
Number of positive smears	5	8,772

The procedure for slides taken at local authority clinics to be examined in the Pathological Laboratory at the Leicester Royal Infirmary, and reports returned for screening in the County Health Department, was revised during the year in the light of complaints concerning delays. Most of the time lost was in the despatch of slides to the laboratory by ambulance transport which called irregularly when passing County Hall. Accordingly, all slides were posted and, although more expensive, it has been possible to provide results to General Practitioners and patients within a maximum of four weeks of the smear being taken.

### **Chiropody Service**

There was no significant alteration in the organisation of the chiropody scheme during the year. Treatment was arranged by voluntary clubs for the aged and the physically handicapped under the general surveillance of the County Health Department.

A report on the Chiropody Scheme was presented to the Health Committee on 22nd June, 1971 and the following points considered:

- a) Renewal of certificates: A certificate provided by a Doctor, Nurse or Health Visitor was required for domiciliary chiropody treatment and was renewed at six monthly intervals to ensure that treatment continued to be necessary. The ever-increasing number of domiciliary cases requiring renewal was placing an unfair burden on medical and nursing staff and led to resentment by the elderly patients. Most of the cases involve chronic illness or prevailing transport difficulties and renewals might be thought superfluous.

It was decided by the Committee that after a trial period the requirements for renewals be waived and that the chiropodists be requested to arrange for domiciliary cases to attend the clubs if they considered it reasonable.

- b) Fees: The Committee resolved to adhere to a charge by the County Council of 12½p per patient irrespective of means.

The voluntary clubs were permitted to charge 2½p to each patient towards the cost of stationery, rental, etc. It was decided to increase this sum to a maximum of 5p with the proviso that the income should only be spent on chiropody arrangements. This maximum was to help clubs with financial difficulties, particularly rental, whilst not imposing excessive income on the remainder.

- c) Dressings fee: As a result of representations made by the local branch of the Society of Chiropodists, the dressings fee chargeable by chiropodists was raised from a maximum of 7½p to a maximum of 10p.
- d) The policy of making no payment to chiropodists for travelling expenses was reaffirmed.

In April a letter was received from the County Council's Association concerning current shortages of chiropodist manpower and the Department was invited to provide information on the situation in this County. The information was required in order to review current national training facilities.

It is the practice for a salary award to be made to sessional chiropodists on 1st April each year, but notification is not received by local authorities from the Whitley Councils until early in the following year. The situation in 1970/71 was exacerbated by the postal dispute and notification of the previous year's award was not received until 30th March. This involved the Department, and the chiropodists, in a great deal of work in calculating and paying arrears for a complete year.

The policy of the County Council excluding non-registered chiropodists from the scheme was once again criticised, particularly when registered chiropodists could not be provided as an alternative. However despite temporary difficulties the policy was adhered to, and in all cases satisfactory arrangements were eventually made.

There are now a total of 33 chiropodists involved in the County scheme, some full-time but others with only one or two sessions per month. Three new chiropodists were recruited during the year: one after a short period at a hospital after qualification, one from college and another returning to the profession after a number of years spent raising a family.

The main problem of the scheme is still recruitment of qualified chiropodists, however, during a period of national shortage. In an extensive rural area it becomes increasingly difficult to make the maximum use of available manpower as often a surfeit of chiropodist time exists at the opposite end of the County to current demand. Efforts to rationalise the movement of chiropodists about the County have succeeded only partially and must be the subject of continuing appraisal.

Great difficulty was experienced in providing treatment for three severe, chronic cases occurring in the north of the County: two at Kegworth and one at Castle Donington.

It will be seen from the table below that three clubs opened during the year and they are all meeting great demand in their areas. The two clubs which closed are quite small and a domiciliary service exists in those areas for the housebound. The indications are that some six new clubs will open early in the New Year.

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*Chiropody Clubs:*

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OPENED

Earl Shilton  
Measham  
Mowsley

CLOSED

Redmile  
Swinford

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## *Statistics*

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	1967	1968	1969	1970	1971
Organisations at 31st December	79	79	78	80	81
Sessions held	3,463	3,717	3,494	3,109	3,804
Sessional treatment	26,492	28,843	22,525	23,438	25,118
Domiciliary visits	8,590	9,061	9,160	11,163	12,841

These statistics indicate the overall increase in the workload of the service. With the growth of new, progressive clubs and the demise of others the number of sessions and sessional treatments is returning to its previous level. Domiciliary treatments continue to increase at a greater rate.

Some 8,000 patients received one or more treatments during the year.

## **Health Education**

Personal and environmental factors which influence health, such as noise and stress, excessive cigarette smoking, drug and alcohol addiction, changing moral values, increased leisure time and the growing dangers of mental ill-health, have all greatly increased in importance.

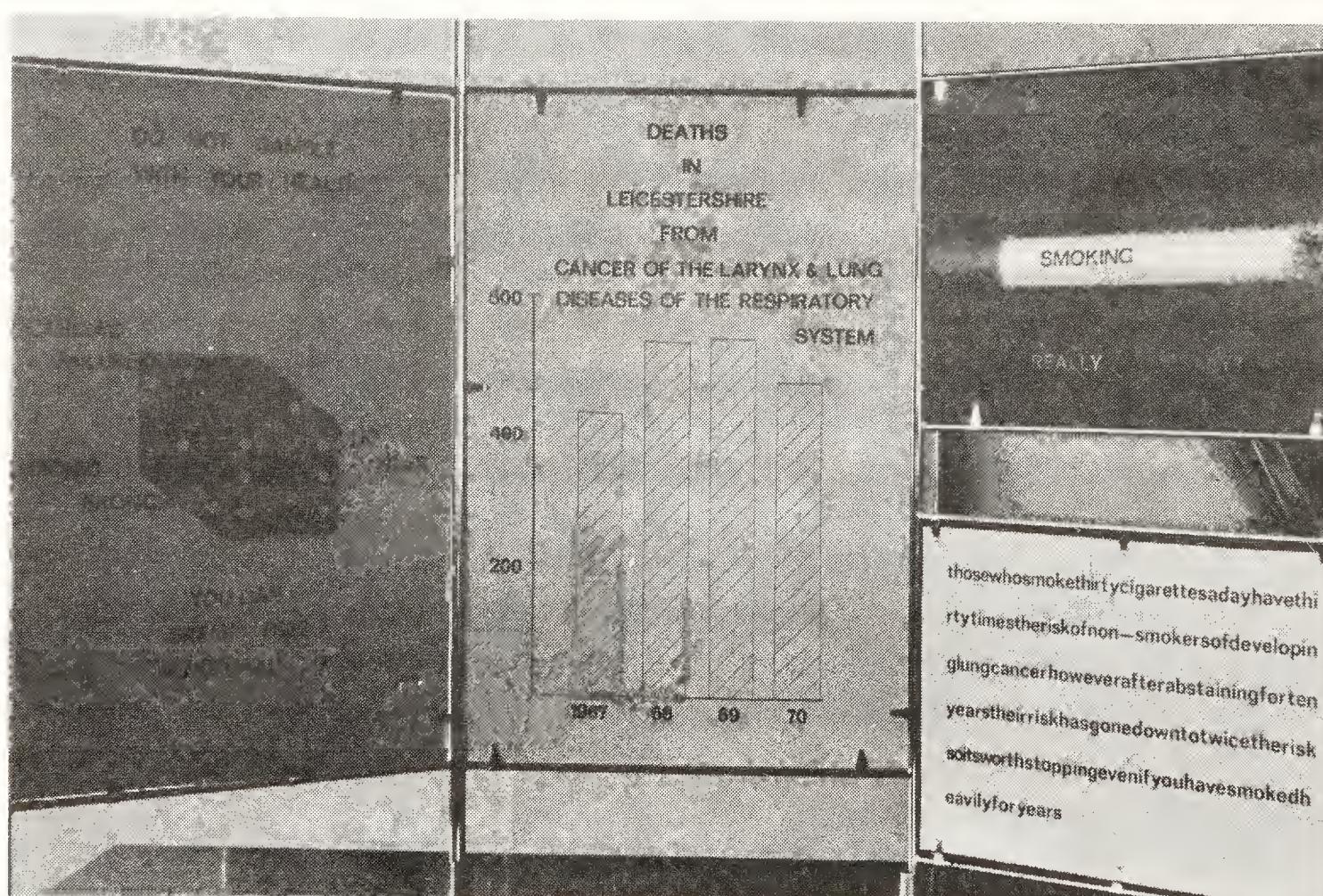
To face this increasing challenge, the establishment and function of the Health Education Section was reviewed and the following changes were made with effect from 1st April, 1971.

### *Staffing*

Miss S. Brady left the Health Education Section to return to health visiting in the Market Harborough area. Mrs. B. Williams returned after completing a community health nurse teacher's training and was appointed to the new post of Health Education Adviser. The following staff appointments were made:— Mrs. L.K. Wormleighton as Clerk/Technician and Mrs. V.M. Bailey and Miss R.J. Winkworth-Smith as Health Education Officers. Approval has also been granted to appoint another Health Education Officer in April 1972.

### *Administration*

To co-ordinate the administration and the introduction of new working policy, the Adviser is responsible for the day-to-day administration of the section and the implementation of new policies. The Health Education Officers are each responsible for one administrative section of the County for health education in schools and health centres, ante-natal classes and adult education groups. In addition, each officer has a special responsibility in a particular field, e.g. home



*Two displays prepared by the Health Education Section on the subject of Venereal Disease and Dangers of Smoking.*

safety, primary school health education promotion or ante-natal classes and co-ordinates with the various specialists in each field.

The success of the health education project depends on its acceptance by the community which is reached in three main ways:-

1. Individual counselling - On a person to person basis in the home, clinic, surgery or even at the place of work. In this, doctors, dentists, health visitors, district nurses, midwives and many others all make an invaluable contribution to health education.

2. Group Instruction - There is increasing demand from groups for instruction on matters affecting health and safety. The groups form a wide cross section of the community and include mothers unions, elderly citizens, young political groups, parent/teacher organisations and youth clubs. Topics selected were drug abuse, V.D., family planning, smoking and mental health. This area of the work is increasing rapidly and thought has been given to appointing an officer to give regular evening talks with corresponding time off during the day.

3. Communication via mass media - 1971 proved a disappointing year as the Section had planned to be seen and heard more in the local press and on local radio. However, Radio Leicester provided one channel and topics presented included ante-natal care and "home and water safety". The Hinckley Times published a lengthy article on "health education is a must" which was the theme of a lecture presented to a Business and Professional Women's Club. The Health Education Council were more successful with full and half page advertisements in the national press which produced many requests for follow-up talks as well as posters and leaflets on V.D., smoking and family planning.

#### *Relaxation Classes*

More relaxation classes have been established to cater for areas which have been isolated by the curtailment of public transport. There have been several requests for prospective fathers to attend classes and a "father's class" is being considered. 1,324 women have attended the classes with a total of 8,333 attendances.

#### *In-Service Training*

Training courses on health education techniques were planned for health visitors and several of them now follow planned programmes in schools in their areas. A "playgroup" experimental programme proved very successful. Other groups included district nurses, pupil midwives, teaching midwives, Home Help Service, Ambulance Service and nurses in training at the Leicester General Hospital and the Royal Infirmary.

#### *Health Education Information Service*

It would be very difficult to estimate the number of posters and leaflets provided on request or the number of sets of school programmes and materials for project work sent to assist student health visitors, health education officers and teachers. Films, slides and tape recordings on environmental hazards were

frequently loaned. Once again this part of the service has been heavily subsidised with materials provided by private firms.

#### *Future Programme*

The Section will continue to design and produce leaflets and posters for exhibitions and material for the County Show has already been planned. It is hoped that sufficient funds will be available next year to provide a "dial service", the immediate topic of V.D. taking priority. A booklet on "Health Education for Schools and Parents" is being considered and the "Home Safety Handbook" will be revised.

#### **Artificial Kidney Machines**

Two cases for Home Dialysis were referred from different hospitals at about the same time and in neither case was it possible to adapt a room to house the artificial kidney machine and ancillary equipment, as all the rooms in the houses concerned were fully utilized by the families.

It was decided that portable prefabricated units, equipped to our specification and covering the hospitals' requirements, would provide a satisfactory dialysis room. Furthermore, if the patients had a successful kidney transplant at some future date, the units could be removed and installed at new locations for fresh patients.

The units chosen were Portakabins and the manufacturers adapted one of their standard buildings to our requirements. Site works, including main drainage, water supply and electricity were completed in advance of delivery of the buildings. Both had to be lifted over existing garages by mobile cranes and as they were delivered from the factory on the same day, a tight schedule was necessary. The crane driver carried out the lifting operations with great expertise and without any damage to the properties or units. Water supply and electricity were quickly connected and the technicians from the home dialysis units of the hospitals installed the artificial kidney machines, monitoring equipment, water softeners etc., the following day. It is pleasing to record that the fullest co-operation from the district council surveyors, the water and electricity boards was received.

A further case of a patient who had previously been assisted in adapting a room at his bungalow, was dealt with. Owing to changed circumstances, the patient decided to move to a nearby town so that he could train for a job and his wife could find employment more easily. Here, in the house of his choice, a small bedroom was found to be just large enough for adaptations and the builder who had carried out the previous installation, removed all usable equipment and materials from the bungalow and carried out the work required. The room was adapted and the equipment installed, within a week of the patient taking possession of the house. This is believed to be something of a record and was partly the result of the builder having had previous experience and being sympathetic to the needs of the patient.

### Provision of Incontinence Pads

Incontinence pads, together with special supplies of incontinence garments and disposable wadding, are distributed, free of charge, in all areas of the County. Certification of genuine need is provided by a General Practitioner or Home Nurse.

It will be seen from the table that there has been a significant increase in the number of pads supplied compared to the previous year.

#### *Issues of packs of 25 incontinence pads*

	1970	1971
W.R.V.S. Office, Friar Lane	954	790
Ashby-de-la-Zouch	741	696
Coalville Ambulance Station	1,398	1,619
Hinckley	1,119	1,144
Hastings House, Loughborough	1,976	2,009
Woodmarket House, Lutterworth	384	348
Westhaven, Market Bosworth	265	302
Catherine Dalley House, Melton Mowbray	1,032	1,516
County Hall, Glenfield	1,370	2,119
Market Harborough	705	964
Wigston	1,223	1,680
Castle Donington	170	204
John Storer House, Loughborough	276	406
Husbands Bosworth	8	42
Houghton (commenced 1970)	4	9
Shepshed (commenced 1970)	15	92
 Total	 11,640	 13,940

### Medical Equipment Loan Service

Mrs. A. Crumbie, Assistant Branch Director, Medical Aid Department, Order of St. John and British Red Cross Society, reports as follows:—

At the beginning of the year the Medical Aid Department moved into new Headquarters at 157/159 Cavendish Road, Leicester.

The extra space available has made it possible to cope with the large increase in work which developed during the year. The Centre is on three bus routes and much more accessible to the more densely populated areas.

The permanent display and training unit, one of the features of the new Headquarters, has greatly helped our work with the Home Nurses. Demonstrations of the use of hydraulic hoists and the opportunity to show nursing aids has been greatly facilitated.

The demand from the Home Nurses for Aids to Daily Living has been limited but nevertheless, in certain instances, is proving a most useful innovation.

At the suggestion of the County Medical Officer a display illustrating the work of the Medical Aid Loan Service was submitted to the Scientific Exhibition held in conjunction with the British Medical Association Conference in Leicester in July. To our great delight, we were awarded a certificate of merit.

We are most grateful for the close co-operation which exists between the Department and all the staff of the County Health Department.

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*Items Loaned, in Years*

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1966	1967	1968	1969	1970	1971
9,619	10,623	11,691	13,663	16,398	20,005

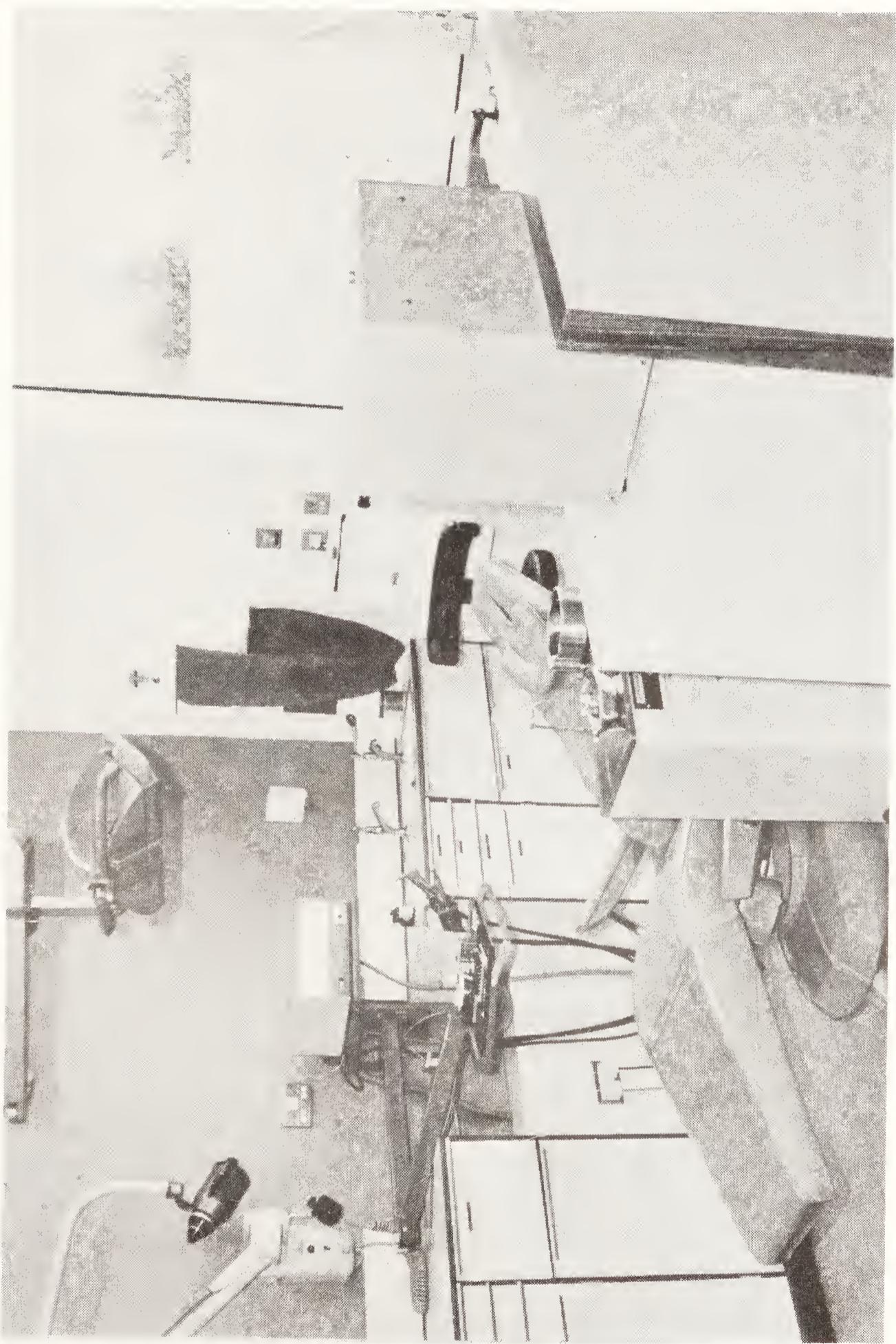
**Registration of Nursing Homes**

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*Nursing Homes registered in the County*

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	Number of Beds
Burton Hall, Burton-on-the-Wolds	18
The Old Vicarage Nursing Home, Rothley	16
Cheshire Foundation Home, Staunton Harold	42
"Berrystead", 1001 Melton Road, Syston	20
Saddington Grange, Saddington	21
The Willows, Coventry Road, Market Harborough	21
Lancaster House, Waltham-on-the-Wold	14
Total	152



*Lutterworth Health Centre, dental suite.*

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**PART III: EPIDEMIOLOGY**

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## INFECTIOUS DISEASES

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There was no case of the more important infectious diseases such as Smallpox or Typhoid, during the year.

The greatest number of cases was attributable to Measles although it is pleasing to report that the figures for 1971 were less than a quarter of those in the previous years. The steady decline is due chiefly to the use of the Measles vaccine, and it is now possible to achieve complete eradication.

There was an increase in the incidence of Scarlet Fever to 126 cases in 1971 from 53 cases in 1970. This increase occurred in the 3 to 15 year age group and many of the cases were of a mild variety.

The number of cases of infective jaundice has fallen during 1971 to 137 from 280 in the previous year. When this disease occurs in a hostel or a training centre it is difficult to eradicate and gamma globulin is given to staff and to contacts to prevent the spread of the illness. There was a minor outbreak of the disease at the Wigston Junior Training Centre in November. The symptoms were first recognised on the 1st of the month in a boy and a girl. The boy had apparently been infected at home, and all his family were subsequently found to be suffering from the disease. A total of four further cases were confirmed in the Training Centre, one on November 3rd and three on November 8th. Children and Staff at the Centre were promptly given immunc globulin and no further cases occurred. There is an indication, however, that one child suffered some permanent liver damage.

The incidence of Whooping Cough during 1971 tripled to 95 cases from 32 cases in 1970 and this took place primarily between the age of 3 and 15 – with a preponderance of cases of school age. The vaccine against Whooping Cough is proving difficult and the Department are taking part in a study by the Public Health Laboratory Service into the efficiency of the available vaccines.

Meningitis has fallen to 13 cases in 1971 from 21 in 1970.

Dysentery remains at the low figure of 9 cases.

Food poisoning fell steeply from 138 cases in 1970 to 35 cases in 1971. One outbreak in June affected members of the newly formed Social Services Department who attended a function on the occasion of a member of staff leaving because of pregnancy. Of the 29 guests present, 8 became ill with symptoms of

diarrhoea and vomiting. The husband of the guest of honour was admitted to hospital the same week and unfortunately died of peritonitis following an operation for ulcer of the colon. It was not determined whether food poisoning played any part in this untimely death. No bacteria was found in any of the stools examined and, as is often the case, no food was available for subsequent examination. The main course was turkey, pre-cooked and frozen in the United States.

The case of a boy at Fernvale School was referred to the Medical Officer of Health for the district by a General Practitioner who suggested that he was suffering from food poisoning and that the school dinner was at fault. An investigation was made immediately and it was found that four other children had been ill at the school and that none of the other children taking school dinner had suffered illness. Samples of food from the kitchen and faeces from the children were subsequently examined with negative results. It was considered that the cases were of "winter vomiting disease" of which there had been numerous reports in the area at that time.

A possible case of Smallpox was reported by a General Practitioner in Hinckley. However, when the man, an employee of a dry cleaning firm, was examined the rash was not considered to be that of Smallpox but that of an illness known as Stevens Johnson Syndrome — a relatively innocuous illness but with a rash rather similar to Smallpox.

Another scare developed in November in relation to an illusive girl in a Typhoid alert who, in the event, was not seen by any of our staff, but who was extensively reported in the mass media as having Typhoid. The suspected case was a Belgian girl reported as taking ill in a Melton hotel where she was visiting a relative after extensive travelling in Europe and Africa. After discharge from the Cottage Hospital a doubtful blood test was notified by the Area Hospital Laboratory but the girl had left with a boyfriend to visit friends in Leicester. The police eventually traced her to London and Interpol finally established her presence on a channel ferry boat crossing to Ostend in a force 6 gale. Radio links were established with the captain and the girl was admitted to hospital by the Immigration Authorities where she was found to have been previously inoculated against Typhoid.

In the same week, and less ostentatiously, there was another girl aged 22 years from India who took ill two weeks after arrival and was admitted to hospital where she was diagnosed as having Typhoid Fever, which was confirmed by a Laboratory investigation. All her contacts were negative. This girl brought her Typhoid Fever with her into England and she lived for a few days in the County before assuming residence in the City.

Influenza is not a notifiable disease but it is important as a cause of absenteeism and as an added risk to the old. This illness was on the increase during the first 3 months of the year. At present there is no very satisfactory prophylactic measure and a break-through is awaited.

The Education Department was issued with notes on infectious illness prepared by the County Medical Officer from the memorandum of the Control of Infectious Diseases in Schools issued by the Department of Education and Science.

This very useful memorandum deals with communicable diseases in so far as they affect attendance at school.

The picture of infectious disease is at present reasonably good but constant care is important because new problems constantly arise and need our attention.

I mention here our appreciation for the prompt assistance given by the Public Health Laboratory on numerous occasions.

*Incidence of Infectious Diseases, in age groups, table 1*

	0—	1—	3—	5—	15—	25 & over	Age un-known	Total
Scarlet Fever	.	6	29	78	7	2	4	126
Acute Poliomyelitis	.	.	.	.	.	.	.	.
Measles	38	129	112	221	9	5	8	522
Diphtheria	.	.	.	.	.	.	.	.
Dysentery	.	1	.	4	1	3	.	9
Acute Meningitis	1	3	2	5	.	1	1	13
Tetanus	.	.	.	1	.	.	.	1

*Incidence of Infectious Diseases, in age groups, table 2*

	0—	5—	15—	45—	65 & over	Age un-known	Total
Acute Encephalitis	.	2	.	.	.	.	2
Typhoid Fever	.	.	.	.	.	.	.
Paratyphoid Fever	.	.	.	.	.	.	.
Food Poisoning	5	.	3	6	1	.	15
Smallpox	.	.	.	.	.	.	.
Malaria	.	.	.	.	.	.	.
Leptospirosis	.	.	.	.	.	.	.
Infective Jaundice	4	70	53	5	2	3	137
Whooping Cough	41	54	.	.	.	.	95

### Venereal Diseases

Dr. T.A.G. Reed, Consultant Venereologist at the Leicester Royal Infirmary, reports as follows:—

There has been an 11% reduction in new cases of gonorrhoea treated in County residents from 1970; from 176 to 157. The reduction is almost entirely in the number of female patients; from 87 to 69.

In November 1971, Mrs. Dight was appointed to a new post of Social Worker/Health Visitor attached to the Clinic in Leicester. The appointment is

proving successful in improving contact tracing and in providing the social work support necessary to combat the often recurring problem of re-infection.

A new system of case recording is being introduced which will produce more meaningful analysis of statistics.

Health Education in schools is a vital part of the war against venereal diseases. It was disturbing to receive a letter from a parent whose daughter attends a High School, which stated that such information "would not be given at that school". Clearly health education must aim at teachers and parents, as well as schoolchildren.

Thanks must be expressed to the Leicester Mercury which has given much publicity to the campaign against venereal diseases.

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*Leicester Royal Infirmary – New Cases in County Residents 1971*

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	Male	Female
Syphilis early	1	.
Syphilis late	2	.
Gonorrhoea	88	69
Other Genital Infections	251	143
Other conditions	236	184
Total	578	396

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*New cases occurring in County Residents, Other Clinics*

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	Syphilis	Gonorrhoea	Other Conditions
Nottingham	.	3	21
Burton-on-Trent	.	1	12
Loughborough	.	48	124
Nuneaton	.	10	30
Total	.	62	187

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## TUBERCULOSIS

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The following is a report by Dr. M.C. Brough, Consultant Chest Physician:

During the past year there has been a slight rise in the number of notifications of respiratory tuberculosis, the numbers increasing from 31 to 34. Of these 34 cases of respiratory tuberculosis, 22 were male, 6 up on the previous year, while females had decreased from 15 to 12. Eight cases occurred in immigrants, 6 of whom were coloured. Deaths from respiratory tuberculosis increased from 4 to 9, (3 of these being classified as late-effects).

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### *Statistics for the last ten years*

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	1961	1970	1971	Average last ten years
<i>Respiratory tuberculosis:</i>				
Notifications	97	31	34	60
Deaths	20	4	9	13
Death Rate	0.05	0.009	0.018	0.031
<i>Non-Respiratory tuberculosis:</i>				
Notifications	29	13	10	16
Deaths	3	7	.	3
Death Rate	0.007	0.015	.	0.008
<i>Total of all types:</i>				
Notifications	126	44	44	76
Deaths	23	11	9	16

*New cases (formally and informally notified), in aged, 1971*

	Aged	0-	5-	15-	25-	45-	65-	Total
Respiratory	<i>m</i>	.	.	3	6	11	6	26
	<i>f</i>	1	3	.	4	4	1	13
Non-respiratory	<i>m</i>	.	.	2	2	2	.	6
	<i>f</i>	1	.	.	1	2	.	4

*Deaths, in ages, 1971*

	Aged	0-	5-	15-	25-	45-	65-	Total
Respiratory	<i>m</i>	.	.	.	.	3	5	8
	<i>f</i>	.	.	.	.	1	.	1
Non-respiratory	<i>m</i>	.	.	.	.	.	.	.
	<i>f</i>	.	.	.	.	.	.	.

The notifications of non-respiratory tuberculosis decreased from 13 to 10. There were 1 white and 2 coloured immigrants included in these figures, giving a grand total of 8 cases of both forms of tuberculosis, occurring in coloured immigrants, out of a total of 44 cases altogether, i.e. 18 per cent.

The total number of cases, both respiratory and non-respiratory, on the register at 1st January, 1971, was 700. During the past year the number of new cases added to the register was 35 and the number of transfers-in was 9. Sixty were removed as cured, 8 as dead (all causes), 2 left the area and 8 were removed for other reasons. The total on the register on 31st December, 1971, was 666; 34 less than in the previous year.

### Chest Clinic Service

The pattern of service has remained as last year. The Home Nurses have helped in a total of 47 cases. The results of ambulant chemotherapy are very satisfactory and provided the housing conditions are reasonable the patient does just as well as in hospital. Hospital is necessary to educate the patients in certain cases to the seriousness of their condition. Home Nurses are now taking part in what is termed "supervised treatment". With the newer forms of chemotherapy the patients tend, in the main, to take their tablets in one dose in the morning. If this is combined with injections of Streptomycin the nurse hands the patients their tablets, at the same time, all of which are taken at one sitting while the nurse is present.

### Mass Radiography Unit

During the year the Mass Radiography Unit visited Ashby-de-la-Zouch, Loughborough Colleges, Measham, Ibstock, Coalville, Ratby, Lutterworth,

Fleckney, Kibworth, Oadby, H.M. Prison – Gartree, Earl Shilton, Barwell, Burbage and Hinckley. The Unit also visited the following industrial undertakings:— Meredith & Drew, A. Herbert, Follsain Wycliffe, Atkins Bros. and Sketchley Dye Works.

In all, 34,440 persons were x-rayed (29,954 in 1970). Nine cases of pulmonary tuberculosis requiring close supervision were discovered, giving a rate of 0.26 per 1,000 (7 cases, 0.23 per 1,000 in 1970). Of these cases 3 were Asians.

Fifteen cases of malignant neoplasm were discovered, as against 13 in 1970, and 14 cases of sarcoidosis were also found.

### Prevention, Care and After-Care

The total number of notifications, both respiratory and non-respiratory, was 44 and from these 525 contacts were examined for the first time, 3 of whom were found to be suffering from tuberculosis. All contacts under the age of 40 were tuberculin tested and 380 were vaccinated with B.C.G.

The scheme for the routine x-ray of ante-natal patients has been continued in the areas of the County round the City boundary. There is a big problem amongst the expectant mothers from the immigrant population in Leicester. No cases of pulmonary tuberculosis were found in expectant mothers living in the County in 1971.

Once more we refer to carcinoma of the lung. There is a small rise in the figures this year, the total being 230 (200 males and 30 females), which is only 5 more than in 1970. Of these, 26 deaths occurred in people under the age of 55 and 47 occurred in people over 75. The most dangerous years were 55 to 75 when a total of 157 persons died.

### The Future

We are approaching great changes in the administration of the National Health Service with the advent of the Area Health Authority for Leicestershire, Leicester and Rutland in 1974. The Chest Service in the City and County of Leicester has virtually all come under Leicester No. 2 Hospital Management Committee and the termination of our association with this Management Committee is viewed with great regret.

As far as we can see Markfield Hospital will continue to cope with all cases of pulmonary and orthopaedic tuberculosis, but the national plans for the distant future envisage that infectious cases of tuberculosis will be accommodated in the isolation beds of the new District Hospitals as and when they are developed. The cases of tuberculosis will be retained in these isolation beds until such time as they become non-infectious when they will be transferred back to ordinary chest beds within the District Hospital. As the scheme for Leicester proposes three District Hospitals it would seem that infectious cases of tuberculosis will be distributed between each which may lead to difficulties.

There is great concern in the Chest Service regarding the number of persons who will retire in the next five years and the lack of suitably trained persons to replace them. It is hoped, however, that additional Senior Registrar appointments

will be made in the near future which will provide suitable applicants for the Consultant appointments as and when they become vacant.

There may be some alteration in the standard methods of treating tuberculosis when the results of the Medical Research Council trial on the newer anti-tuberculous chemotherapeutic agents is available in July. For 20 years patients have been treated on two years' continuous chemotherapy, but it is likely that this period of time will be reduced. A very interesting article has been written regarding six months' intensive treatment in East Africa which appears to have been effective, and while there is natural hesitancy in discarding what has proved to be a most effective regime of chemotherapy there do seem to be indications that the newer drugs, particularly Rifampicin and Ethambutol, may lead to a shortening of the period of treatment and may also lead to a regime whereby drugs are not given every day but perhaps two or three days per week. The main effect of this would be that life would be simpler for the patient. Two years' continuous chemotherapy is somewhat of a trial for even the best of patients.

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## IMMUNISATION AND VACCINATION

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The County Council's computer appointment scheme continued to run smoothly throughout the year although many appointments were "lost" during the postal strike in January and February. The number of children registered in the scheme at the end of the year had increased to 100,000 from 70,000 in 1970. Most of the large practices of doctors are employing the computer scheme for children on their list, which means that parents receive appointments for their children to attend pre-arranged clinics run by their family doctor. Appointments are made for protection against diphtheria, whooping cough, tetanus, poliomyelitis, measles and german measles (rubella).

As a result of the decreasing world wide incidence of smallpox following eradication programmes and the known complications of vaccination, the Council accepted the recommendation of the Joint Committee on Vaccination and Immunisation that vaccination against smallpox should no longer be included in routine schedules for childhood protection in this country.

As a result of this, smallpox has been excluded from the Council's scheme. A provision for recording smallpox vaccination has been retained as doctors may still give this protection on request. It should be noted that smallpox vaccination is still available for people who are travelling to certain countries abroad and for other groups at risk.

Two cases of women given rubella vaccine who became pregnant shortly afterwards were reported by the Public Health Laboratory Service. Because of the possible teratogenic risk to the foetus terminations were recommended. The products of conception were examined for the presence of rubella virus but both were negative.

During the year the rubella vaccination campaign was intensified and in October the first computer appointments were made. Appointments could not be made for all the girls eligible i.e. the 11, 12 and 13 year olds because the computer records begin at date of birth 1.1.59. The acceptance rate showed substantial increase on the previous year but there is still room for further improvement. In all, 5,783 rubella injections were given during the year but the school population

figures for girls aged 11, 12 and 13 show that there are about 10,000 girls who could receive this protection. Further efforts are to be made during 1972 to increase the protection rate.

Once again the uptake of measles vaccine is poor and parents are reminded of the possible long term disabling effects from the naturally occurring disease.

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*Primary Courses completed during 1971*

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	Year of Birth					Others	
	1971	1970	1969	1968	1964-67	Under 16	Total
Diphtheria	201	5,825	1,303	311	640	134	8,414
Whooping Cough	201	5,825	1,299	310	371	56	8,062
Tetanus	201	5,829	1,302	311	703	657	9,003
Polio	131	5,899	1,331	341	866	672	9,240
Measles	1	2,768	3,293	725	1,218	119	8,124

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*Reinforcing Doses during 1971*

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	Year of Birth					Others	
	1971	1970	1969	1968	1964-67	Under 16	Total
Diphtheria	.	2	1	7	7,469	613	8,092
Whooping Cough	.	.	.	.	288	39	327
Tetanus	1	2	1	10	7,603	1,750	9,367
Polio	.	2	2	6	7,282	1,103	8,395

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*Percentage of Children at present in the County who have completed a Primary Course*

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	1967	1968	1969	1970
D.T.P.	84	87	87	82
Polio	81	86	87	81
Measles	78	79	80	52

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*The percentage of children protected against diseases*

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	England and Wales %	Leicestershire %
<i>Children born in 1969</i>		
Whooping Cough	78	87
Diphtheria	80	87
Poliomyelitis	80	88

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PART IV: ENVIRONMENTAL HEALTH

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## SANITARY CIRCUMSTANCES OF THE AREA

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### Rainfall

Mr. E. A. Bonser who operates Climatological Station 4316 at Newtown Linford has kindly supplied details of the rainfall recorded in the following table. The total rainfall for the year, 25.05 inches, was almost identical to the previous year, when 25.41 inches was recorded.

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#### *Rainfall for the year*

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	TOTAL		No.of rain days	Greatest fall in 24 hours
	mms.	ins.		
January	90.9	3.58	21	.44in.(11.3mm) on 22nd
February	15.6	.61	11	.17in. (4.3mm) on 27th
March	51.8	2.04	16	.59in.(15.0mm) on 17th
April	49.2	1.94	5	.82in.(20.8mm) on 23rd
May	30.3	1.19	10	.22in. (5.7mm) on 6th
June	70.8	2.79	17	.81in.(20.7mm) on 18th
July	42.6	1.68	7	.95in.(24.2mm) on 4th
August	110.8	4.36	16	.74in.(18.7mm) on 3rd
September	34.4	1.35	9	.50in.(12.8mm) on 26th
October	42.0	1.65	9	.77in.(19.7mm) on 13th
November	59.8	2.36	15	.62in.(15.7mm) on 20th
December	38.1	1.50	8	.63in.(16.0mm) on 19th
Year	636.3	25.05	144	

### Water Supply

No cases of shortage of water were reported during the year and regular flushing of mains likely to produce discoloured water had a beneficial effect in

areas which had previously been troublesome. The following details relate to the water supply situation:

Internal mains supply — 165,268 houses (population 483,829)

Standpipes (external) — 168 houses (population 439)

Well supply — 1,345 houses (population 3,501)

Steady progress was made towards eliminating unsatisfactory well supplies as water main extensions to isolated farms and properties were completed. Samples of water were taken from 125 wells and 42 were found to be unsatisfactory. The householders concerned were advised to boil the water as a safeguard. Twenty two wells were closed during the year.

### Fluoridation

The plans to fluoridate mains water in the Leicester Corporation area of supply did not come into operation during the year and 1973 is still the anticipated starting date.

### Rural Water Supplies and Sewerage Acts, 1944-71

Leicester Corporation submitted eight small water schemes to extend the mains to serve isolated properties not previously covered by village schemes. Grants amounting to £6,399 were agreed in respect of eight schemes, based on the standard formula but subject to review when final costs are known.

With the majority of villages in the county already having main drainage, the number of new schemes put forward for approval has reduced over the years. This year three new schemes of sewerage and sewage disposal were approved in principle and grants totalling £50,303 were agreed in respect of six schemes, again subject to review after completion and final costing. The grant in respect of one scheme was increased from £4,005 to £4,388.

In all the County districts there are now only 14 privies and 1168 pail closets remaining and a number of these will be in sub-standard properties which will be demolished in due course.

### Sewage Disposal

In the Ashby-de-la-Zouch Rural District the Acresford Sewage scheme was completed and the reconstruction of the Snarestone Works 80% completed. At Appleby Parva and Bowleys Lane, Appleby Magna new sewers were laid. The Coleorton scheme, estimated to cost £437,500, was approved by the Ministry. Ashby Wolds Urban District accepted a scheme to resewer the whole of Albert Village and for the treatment of sewage at a nearby works. New storm and foul sewers throughout Wymeswold and Wanlip in Barrow-upon-Soar Rural District and in part of Woodhouse were laid.

Blaby Rural District's Leicester Forest West and Elmesthorpe schemes were completed during the year, and work is in progress on the Croft, Huncote and Thurlaston joint scheme for treatment of sewage at the Stoney Stanton Works.

In the Billesdon Rural District extensions to the treatment works at Houghton and work on the Hungarton scheme were in progress. At

Breedon-on-the-Hill in Castle Donington Rural District, extensions to the treatment works proceeded and a scheme for further extensions to the Castle Donington works was put out to tender. Coalville Urban District propose to extend the Snarrows Sewage Works and a scheme was being proposed by Consultants. The new enlarged works for Earl Shilton in Hinckley Urban District were brought into use by the end of the year, and work had commenced on the improvement of the Hinckley Sewage Works. The Lutterworth Rural District new works were completed and Bitteswell, Cotesbach and Walcote sewers connected to the new works. Work was to have commenced at Catthorpe but was postponed pending a decision on possible future development in the area. In Market Bosworth Rural District the joint scheme for Wellesborough, Sibson, Upton and Shenton with one treatment works was completed. The small schemes at Belchers Bar, Osbaston Hollow, Stapleton Lane (Kirby Mallory) and Mill Lane, Shenton were completed with sewers and pumping stations. Sewers with a pumping station to Leicester Forest West, were in progress at Leicester Lane, Desford.

Sewers were completed at Burton Lazars, Hoby, Grimston, Saxelby, Holwell, Ab Kettleby and Wartnaby, all draining to new treatment works in the Melton and Belvoir Rural District. New sewers were also being laid at Barsby and Twyford with extensions to the disposal works.

### Complaints

In addition to numerous telephone queries, the County Health Inspector received 44 complaints, 6 on housing, 2 relating to water supplies and 36 of a general character. These were dealt with in co-operation with the District Public Health Inspectors, who are always most helpful. Complaints generally seem to increase yearly and the districts received 9663 (9361 in 1970) and dealt with defects or nuisances at 10,506 premises. Most cases were dealt with by informal action; 595 housing and 2,306 general public health informal notices were served. Statutory notices were necessary for 126 housing and 88 general cases. In three cases summary action was necessary and three convictions were obtained.

### Noise Abatement Act, 1960

As the general background noise tends to increase with heavier road traffic, extensions to factories in once totally rural villages, factory farming, development at the East Midlands Airport and a variety of other causes, the general public tend to think that there is a ready solution for all their complaints. In fact 600 complaints were made to the Public Health Inspectors of the districts and most were dealt with successfully by informal action. In only one case was a formal Abatement Notice served. Pneumatic drills used for road works were a source of trouble and with efficient mufflers available at a reasonable price, it is difficult to understand why these are not fitted as a matter of course. Industrialists are generally only too ready to co-operate in reducing noise from machinery but in some cases finding a solution to a particular noise problem can be extremely difficult. Shift working presents problems, since some people are extremely light sleepers and a persistent low level noise at night can cause much distress. Excessive

amplification in village halls when pop groups are in session, remains a problem since many teenagers enjoy the noise inside the hall when dancing. Unfortunately the noise is not confined to the hall and as the temperature rises, windows are opened and the neighbourhood shares the din. At the conclusion of the dance, motor cycles are revved-up, cars doors slammed and the happy crowd disperses without a thought for those who have not shared their enjoyment and gone to bed earlier.

### School Swimming Pools

Most children these days are keen to learn to swim and enthusiasm amongst parents generally, has resulted in more learner pools being provided, particularly at primary schools. In the warmer months this necessitates regular visits by the County Health Inspectors staff and notes of guidance for hygienic maintenance of good conditions were issued to all schools with swimming pools. The practice of using many of the pools for adult instruction at evening classes, caused something of a problem in cases where the pools were heavily used during the daytime as well. This put extra strain on the filtration plant and some of the earlier installed diatomaceous earth filters were replaced by rapid sand filters as the septums deteriorated under the strain. Several of the larger pools in urban areas, were used by the school and general public to the extent that they were equivalent to municipally-owned swimming baths. Changing facilities in some cases were not designed for this type of use and money is now being raised to build separate changing rooms adjoining the pools, instead of having to use those attached to gymnasias.

Mention was made in last year's report of plastic dome structures, inflated by means of electric fans, for covering pools. Power cuts create a problem, as a constant air pressure is necessary to keep the dome in place. If a power cut happens at a time when there are strong winds, severe damage can take place and in fact three domes were torn so badly as to be beyond repair. Nylon nets and stay ropes have been tried and are still being experimented with by the dome manufacturers.

### Public Swimming Baths

The number of swimming baths open to the public in the urban districts remained at eight and were visited on 260 occasions by the local Public Health Inspectors. One hundred and fifty four samples of bath water were submitted to the Public Health Laboratory for examination and of these 11 were unsatisfactory. Plans are in hand to replace one swimming bath, which is over seventy years old, by a new one on a more open site.

### Caravan Sites and Control of Development Act, 1960

The district councils issued 101 site licenses for individual vans and 16 for sites with two or more vans. Little trouble was experienced during the year, though it was necessary to take formal action against the owner of land which was unlicensed and unsuitable for a caravan site. A site owned by one of the urban district councils, where they had trouble in the past from unauthorised stationing

of vans, was offered for sale. The County Council negotiated to buy the site to develop it for gipsies but there was such a local uproar, that it was decided to look elsewhere. The council's site was purchased privately and with good supervision by the site owner, became a model site.

### Gipsies and Itinerants

The negotiations for the first site for gipsies continued and even though the farmer was willing to sell without a Compulsory Purchase Order, conditions put forward by the agent created problems. The local district council prepared a sewerage scheme, with sewage discharging to the adjacent urban district council's sewers, to which it was possible to connect some unsewered existing properties. Visits were made to several sites established by other counties and it was decided to develop Aston Firs for fifteen permanent standings with Warden accommodation to the standard recommended by the Working Party on Gipsy Caravan Sites. So much non-productive work is involved in attempting to obtain suitable sites, that a feeling of frustration is experienced by Committee members and officers concerned.

Unauthorised parking of caravans on lay-byes and roadside verges continued, generally by gipsies who travel around the county. On occasions, an influx of Irish Itinerants from neighbouring counties, invaded Leicestershire and their concentrated numbers resulted in numerous complaints from local residents. Eventually the 'invaders' were moved on and left piles of rubbish which had to be cleared by the local councils. This in itself creates bad feeling which does not help when we attempt to find permanent sites for our local gipsies.

### Public Cleansing

Sixteen district councils maintained a weekly refuse collection service, apart from holiday times when notices were made in the local press informing the public of a break in service. Two districts collect on a seven to eight day cycle and one once a fortnight. One hundred and three refuse collection vehicles were in regular use, mostly capable of compressing the refuse within the vehicle. With the changing nature of refuse and the vastly increased bulk from packaging materials, this is essential if economical loads are to be delivered to the disposal sites. Loughborough M.B. and Oadby U.D. operate pulverising plants, the latter district dealing with dried sewage sludge in the same plant and sharing a controlled tip at East Norton with Billesdon R.D. Varying charges are made for the collection of trade refuse, in some cases from bulk containers, hired to the trade premises. Incinerators continued to be used by Barrow upon Soar and Castle Donington R.D.'s and Hinckley have one on order for dealing with trade refuse which has been burned in the open in the past. The controlled tip to be used by the two Ashbys and Coalville did not come into operation as was planned and should start to be used in 1972. The consortium set up between Leicester C.B.C., Wigston U.D. and Blaby R.D., made progress for incineration plant at Whetstone, in the latter district. The contract is due to be signed in 1972 and work should commence thereafter.

### **Animal Boarding Establishments Act, 1963**

The majority of the 62 premises licensed for the boarding of animals, were in the rural districts where there is less likelihood of annoyance being caused by barking dogs. Inspection of the premises were made on 112 occasions and no problems arose.

### **Pet Animals Act, 1951**

Thirty four premises were licensed under the Act and they were inspected during 95 visits.

### **Rag Flock and other Filling Materials Order, 1951**

The manufacture of filling material was commenced at one factory and two samples were taken. Fourteen premises were registered for upholstery and five for the storage of rag flock or other filling materials. The days when dirty or secondhand filling materials were used, appear to be a thing of the past with the increasing use of foam plastic and other new materials.

### **Offices, Shops and Railway Premises Act, 1963**

A summary of the annual returns made by the county districts under this Act, is given in the table which follows. Over one hundred additional offices were registered during the year and the retail shops, wholesale shops and warehouses, catering establishments and canteens, and fuel storage depots were almost unchanged. 1948 inspections were carried out compared with 1810 in the previous year. A total of 45 accidents were reported (33 in 1970) and investigated. Most of the accidents were of a minor nature and no formal action was necessary. Advice was given in an attempt to avoid a repetition whenever possible, although a number of accidents were due to carelessness on the part of those injured.

### **Clean Air Act, 1956**

Blaby R.D. had six Smoke Control Orders in operation by the end of the year, with Number 7 (Braunstone part) submitted to the Ministry to come into operation on 1st November, 1972. Due to a shortage of solid smokeless fuels nationally, no active steps were taken to implement Coalville U.D.C.'s proposals to establish smoke control areas. Hinckley U.D. hope to commence their programme within two years. There are two deposit gauges and seven recording stations in the county. No formal action was necessary in connection with smoke emissions from industrial premises.

With the increased popularity of central heating, in addition to new housing, many conversions to gas or oil fired central heating have resulted in a noticeable decrease of domestic smoke.

**Office, Shops and Railway Premises Act, 1963**

	Number Registered	Number of Inspections	Accidents Reported	Contraventions		Found	Remedied	Outstanding 31.12.1971
				Fuel Storage Depots	Offices			
<b>Urban Districts:</b>								
Ashby-de-la-Zouch	35	55	2	9	1	43	97	5
Ashby Wolds	1	9	1	-	2	14	1	-
Coalville	48	156	14	24	1	21	51	1
Hinckley	182	242	12	14	7	44	131	5
Loughborough M.B.	181	270	15	47	12	13	53	7
Market Harborough	53	115	4	21	2	2	11	2
Melton Mowbray	53	130	5	28	2	5	21	1
Oadby	33	81	20	9	1	32	88	21
Shepshed	13	29	1	4	-	15	25	1
Wigston	38	165	8	20	-	5	83	8
<b>Rural Districts:</b>								
Ashby-de-la-Zouch	6	37	3	5	3	19	109	12
Barrow-upon-Soar	52	248	26	35	3	14	144	14
Billesdon	4	14	-	8	-	2	14	-
Blaby	16	153	8	28	1	22	340	26
Castle Donington	2	1	-	-	-	32	7	1
Lutterworth	14	34	5	15	-	5	10	4
Market Bosworth	21	62	1	13	2	10	43	2
Market Harborough	4	22	-	14	2	4	20	-
Melton and Belvoir	9	24	-	10	2	4	15	-
<b>Totals</b>	<b>765</b>	<b>1847</b>	<b>125</b>	<b>304</b>	<b>39</b>	<b>294</b>	<b>1276</b>	<b>111</b>
						<b>3</b>	<b>24</b>	<b>9</b>
						<b>22</b>	<b>245</b>	<b>22</b>
							<b>3</b>	<b>7</b>
							<b>657</b>	<b>2</b>
								<b>657</b>
								<b>350</b>
								<b>487</b>

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## INSPECTION AND SUPERVISION OF MILK AND FOODS

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### **Biological Milk Sampling**

Particular attention is paid to milk which is retailed without heat treatment ("Untreated"). This is mostly confined to the rural areas of the County where "Pasteurised" milk is not always available. The milk from the herds of producer/retailers is sampled at the farm when milking is in progress, so that a representative sample of milk from all cows in the herds is obtained. Most of the producer/retailers send part of the production, which is surplus to their retail round requirements, to a dairy for pasteurisation. It is therefore pointless to take a bottle of milk in course of delivery to check whether there is any infection in the herd. One hundred and forty two samples of milk were taken and submitted to the Public Health Laboratory for biological examination. Once again none of the samples showed evidence of infection with Myco-tuberculosis on guinea-pig inoculation. The laboratory also test for the presence of Brucella abortus and one sample was positive. The herd concerned was immediately re-visited and samples were taken from each of the twelve cows in the herd. Three cows were found to be giving infected milk and were sent for slaughter. The farmer was in process of retiring from farm work and ceased production completely in the autumn. During the year, a further three producer/retailers decided to give up retailing milk.

Sixteen of the producer/retailers have now Accredited Herds under the Brucellosis Scheme and seven more are in the "pipe-line" under the supervision of the Divisional Veterinary Officer. With the agreement of the D.V.O. the Milk Sampling Officer will continue to take routine samples of milk from the Accredited Herds, but any positive results will be followed up by the veterinary staff, with blood tests of all animals in the herds. I am pleased to acknowledge the assistance and co-operation of Mr. C.W.M. Walker, the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food, wherever animal health and diseases are involved in the public health field.

### **Veterinary Examination of Cattle**

The following information has been summarised from the quarterly reports of the Divisional Veterinary Officer of the Ministry of Agriculture.

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*Clinic Examination of Dairy Cattle*

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Number of herd examinations	677
Number of cattle examined	32,100

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*Attested Herd Scheme*

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Number of Animals Tested	39,176
Number of Reactors	NIL

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**Salmonellosis**

Thirty five notifications were received through the Divisional Veterinary Officer, from Veterinary Investigation Centres (principally from Sutton Bonington). 28 were of *Salmonella dublin* and 7 *Salmonella typhimurium* either from animals or faeces specimens submitted. In addition 2 turkeys, 3 ducklings and 6 pheasant chicks were found to be infected with *Salmonella typhimurium*. All notifications were followed up by visits to the farms and premises concerned.

**Disease of Animals (Waste Food) Order, 1957**

Licenses are issued to persons who undertake the boiling of waste food for feeding to pigs and during the year 8 licenses were issued. A number were cancelled when pig keepers gave up collecting waste food and at the end of the year 46 licenses were operative.

**Milk (Special Designations) Regulations, 1963 (as amended)**

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*Total Number of Licences in force on 31st December, 1971*

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Dealers' (Pasteurisers) Licences	3
Dealers' (Prepacked Milk) Licences	505
Dealers' (Untreated Milk) Licences	7

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**Milk Pasteurising Plants**

There are four dairies in the county licenced for the pasteurisation of milk, three by the County Council and one by Hinckley Urban District Council, the Food and Drugs Authorities concerned. All the plants are modern and well managed. The County Health Inspectors made 109 visits to the dairies licenced by the County Council and took 230 samples of milk at the dairies at the time of inspection. One sample failed the Phosphatase Test and in spite of a thorough check at the plant, no reason could be found and repeat samples were satisfactory.

The bottle washing plant, referred to in the 1970 report as not giving consistent results, was replaced during the year and after some initial teething troubles, produced satisfactory counts. Rinses of bottles and churns were submitted

to the Public Health Laboratory to test for sterility after washing. Of 231 bottles submitted, 18 were reported as being below the Public Health Laboratory standard on plate counts, and from 114 churns rinses, 43 were slightly below standard. The below standard numbers are not really representative as far as churns are concerned, since repeat samples were taken before major overhauls of the churn washers were carried out.

#### **Milk Supplied to Schools and County Council Establishments**

The Milk Sampling Officer takes samples of milk supplied to schools, residential schools, county homes and children's homes, for examination at the Public Health Laboratory. Five hundred and seventy two samples of milk were taken, three of which failed the Phosphatase Tests. All three samples were of milk pasteurised by dairies outside the county area. The failures were referred to the appropriate authority for following action and repeat samples were satisfactory.

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#### *The Designation of Milk Supplied to Schools*

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School	Untreated	Pasteurised	Total
Upper	.	14	14
High	.	33	33
Primary	4	247	251
Residential	.	2	2
<b>Total</b>	<b>4</b>	<b>296</b>	<b>300</b>

The four Primary Schools receiving "Untreated" milk are in very rural areas, where dealers are not prepared to deliver the small number of one-third pint bottles required. This "Untreated" milk is samples regularly for biological examination and is from herds with a good record.

#### **Food Hygiene (General) Regulations, 1970**

During the year, the District Council Public Health Inspectors carried out 8319 inspections on 3123 premises under the Regulations, as compared with 6754 inspections in 1970. There were no major contraventions requiring action, but 733 informal notices were sent to occupiers — and 535 were complied with. Including those outstanding from the previous year, 340 were carried over. No summary action was necessary under the Regulations but two cases were dealt with under Section 2 of the Food and Drugs Act, 1955. One was for coal particles in a bottle of milk — and one for a mouldy meat and potato pie. Fines totalling £35 were imposed.

#### **Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966**

Under the Regulations, 165 stallholders compiled and 35 were exempted; 238 vehicles compiled and 12 were exempted. At one open market there was a

deterioration in the condition of the stalls due to lack of maintenance, but the market is due to be removed to a fresh site and will be under cover with new stalls. A Sunday market operated for a time in another district — and a few food stalls were found. All the food was wrapped and no contraventions found.

An Annual Statutory Fair presented difficulty in enforcing the Regulations due to the short stay and the only solution would appear to be vigorous action every time the stallholders operated so that they would raise their standards to avoid being 'chased'.

### **Ice Cream**

#### *Classification of Ice Cream Samples*

	1970	1971
Grade 1	181	169
Grade 2	37	61
Grade 3	13	15
Grade 4	7	4
	(2 void)	
Total	238	249

The standard of wrapped ice cream distributed by the major manufacturers remains high and the slight deterioration shown in the summary is due to more attention being paid to soft ice cream. The vendors of soft ice cream are often students employed on a commission basis during their vacations, and may develop low standard hygienic practices unless properly instructed. It would probably be better to take fewer samples of prepacked ice cream and concentrate fully on the soft variety.

### **Meat Inspection**

A total of 50 slaughterhouses and four Knackers' yards were in use in the county districts at the end of the year. The Public Health Inspectors and Meat Inspectors inspected a total of 206,884 animals, mainly at the time of slaughter (204,811 in 1970). By categories, the total consisted of 33,579 cattle, 1,109 cows, 357 calves, 91,356 sheep and 80,481 pigs, plus 2 goats. In addition, 19 visits were paid to the Knackers' yards. The only case of tuberculosis in cattle was in a cow and this was confined to one organ. Parts of organs of 324 pigs were found to be affected with tuberculosis but no complete carcases were affected.

Two beasts were found to be badly affected with Cysticercosis necessitating total condemnation of the carcases and organs. Twenty eight carcases were refrigerated for the necessary length of time to ensure that they were fit for food and forty parts or organs were destroyed.

At a poultry processing premises in the Melton and Belvoir Rural District, 227,528 birds were dealt with. Of these, 4,545 were rejected for human consumption (1.997%) with a total weight of 9 tons., 2 cwts, 1qtr. 8lbs.

## **Food and Drugs**

The provisions of the Food and Drugs Act, 1955 and other legislation relating to the composition, adulteration, labelling and advertisement of food and drugs are administered by the Inspectors of the Public Control Department of the County Council for the whole of the Administrative County with the exception of the Hinckley Urban District.

The sampling rate was 3.5 per thousand population. Most of the samples were obtained informally and of these only 2% were unsatisfactory (from all causes). None of the commodities sampled formally was unsatisfactory and in consequence no proceedings were instituted during the year for Food and Drugs offences.

The table which follows is taken from the Annual Report of the Chief Inspector of the Public Control Department and I am indebted to Mr. F.W. Arnold for supplying the details:—

## Samples Procured during year

COMMODITY	No. obtained		Unsatisfactory		Why unsatisfactory
	Formal	Informal	Formal	Informal	
Milk		827		10	2 contained added water 1 deficient in milk fat 6 deficient in solids not fat 1 deficient in both
Beer, wines and spirits	2	207		1	Vodka contained water (could have been added after sale)
Biscuits, cakes and pastries		14		2	Low in butter fat
Bread or toast and butter		11		1	Margarine present
Cheese and cheese spreads		9		1	Contained excess fat (1)
Christmas Puddings		7			
Fish and Fish products		14			Fried fish had excessive batter
Fruit and fruit products		15		1	
Ice cream		121			
Marzipan		4			
Meat pies		57		2	Steak and kidney pies deficient in kidney (2)
Sausages, Beef	22	6			
Sausages, Pork	68	3		2	Contained undisclosed preservative (1)
Sausages	7				
Sausage meat/rolls	6	5			
Other meat products		79		5	Tinned 'boneless duck' excess gravy and not correctly labelled. Canned mallard not correctly labelled
Preserves		13			
Sauce/sauce mix		3			
Soft drinks		16		2	Dried drink powder not properly described
Soups		7			
Miscellaneous foods		103		1	Beetroot contained preservative
Prepacked medicines		57		4	2 were deficient in an active ingredient. 1 had an excess. 1 made doubtful claim.
<b>TOTALS</b>	<b>105</b>	<b>1578</b>	<b>—</b>	<b>32</b>	
<b>GRAND TOTALS</b>	<b>1683</b>		<b>32</b>		

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## HOUSING

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Following formal or informal action by the district councils during the year, 198 houses were demolished, and 26 houses were closed, with a total of 442 persons displaced.

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### *Houses demolished or closed and persons displaced*

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	1970	1971
Houses demolished in Clearance Areas	65	45
Persons displaced	131	94
Individual houses demolished	197	153
Persons displaced	384	294
Unfit houses closed	78	26
Persons displaced	127	54

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### *Applications for Grants received by the District Councils*

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	1969	1970	1971
Discretionary Grant applications	263	406	626
Discretionary Grants approved	249	399	623
Standard Grant applications	640	916	1,072
Standard Grants approved	617	865	1,002

Inspections of houses for defects under the Public Health and Housing Acts totalled 5783 and 657 were found to be in a state so dangerous to health as to be unfit for human habitation. Informal action resulted in 986 houses being made fit or having defects remedied. Formal action under Sections 9 and 16 of the Public Health Act, 1957 resulted in 39 houses being brought to the required standard and 2 under Sections 24 and 27 of the Housing Act, 1957.

The number of houses improved with grant aid increased by about 50% from 846 in 1970 to 1223 in 1971.

There was a drop in the number of Local Authority houses built during the year, only 418 being completed as compared with 621 in 1970. There were 775 under construction at the end of the year. A slight improvement in the private building sector resulted in 3898 houses completed (3466) and 2640 (2609) under construction at the end of the year. (1971 figures in parenthesis).

The total number of applicants for houses on the district councils' lists at the end of 1971 was 6704, a drop of 300 over the previous year. The number of fresh applications received was 2401, compared with 2582 in 1970. The results from rehousing elderly couples or single persons in flats or bungalows and thus freeing three-bedroomed houses for occupation by families, have not had any significant effect on the numbers still desiring council houses. Many young couples who would have preferred to buy a house under normal conditions, are finding it almost impossible with the rapid rise in house prices. They are thus forced to make a start in a council house if they are fortunate enough to be allocated one.

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**PART V:      SCHOOL HEALTH SERVICE**

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## GENERAL STATISTICAL INFORMATION

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### School Population

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*The average number of pupils on the register of maintained schools*

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1968	75,747
1969	79,174
1970	82,688
1971	86,390

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*The number of schools maintained by this Authority*

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	Number of Schools
<i>Primary</i>	
Infant	45
Infant and Junior	170
Junior	40
<i>Secondary</i>	
High	31
Upper	15
Comprehensive	1
<i>Special</i>	
Educationally Sub-Normal	2
Physically Handicapped	1
Day Special Schools (formerly Jr. Training Centres)	5

### Medical Inspections

The number of children examined by School Medical Officers at routine medical inspections.

	1970	1971
School Entrance	4,224	5,827
School Leavers	5	28
Intermediate Age Groups	7,589	6,914
 Total	 11,818	 12,869

School medical examinations are arranged at infant schools as soon as possible after each admission period. The examination is intended to facilitate a social and intellectual, in addition to medical appraisal of each child. As the figures above indicate, more school entrants were seen this year as an increase in medical officer time (by employment of sessional staff) enabled us to reduce the backlog in some areas.

A system of regular medical examinations at all Day Special Schools was introduced by Dr. D. Koffman soon after her appointment in October and supporting services are now fully available to each Head Teacher. Of all children clinically assessed 0.35% were found to be in an "unsatisfactory" physical condition.

### *Miscellaneous Medical Examinations*

In addition to their school medical duties, Medical Officers also carried out 708 medical examinations for other Departments.

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### *Examination of adults*

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Students	421
Teachers	93
Highways Department	61
Fire Service	37
Staff Superannuation	50
Ambulance Drivers	21
Children's Department	2
Others	23
 Total	 708

### *Part-time Employment of School Children*

A Bye-law amendment reduced the necessity for examination to those cases where a Head Teacher was not prepared to endorse a pupil's suitability for employment unless vetted by a medical officer. Nineteen pupils were examined and no certificates were withheld on health grounds.

### *Defects found at Medical Inspection*

The following details are of defects (excluding dental disease and infestation with vermin) found at special and periodic medical inspections:—

(a) Defective Vision and Squint

There were 214 cases of defective vision discovered, 48 of squint and 3 of other eye conditions. The total number of children who required observation for the same defects was 495.

(b) Ear Diseases and Defective Hearing

The number of children found to require treatment under this category during 1971 totals 451. Of this number 348 had defective hearing, 81 were referred for Otitis Media and 22 with other complaints. The number of children who required observation was 680.

(c) Nose and Throat

Of the children examined, 89 were either in need of treatment or were undergoing treatment for nose and throat conditions at the time of examination. A further 548 were noted for observation at future inspections.

(d) Defective Speech

In all, 170 children were referred during the year. Of these, 50 were for treatment and 120 for observation. In all cases, those children who required treatment were referred to the Speech Therapists who undertook the necessary treatment. (See report of Chief Speech Therapist).

(e) Lymphatic Glands

In the year under review, 77 children were found to have defects under this heading. Of these, 1 was found to require treatment and 76 were noted for observation.

(f) Heart

During the year 13 children were found either to require treatment for heart condition or were already undergoing treatment at the time of examination. A further 162 were found to require observation.

(g) Lungs

There were 17 children referred to Consultant Chest Physicians during the year for diseases of the lungs. A further 281 children were found to have some defect which was not thought serious enough to require treatment, but it was noted for further observation.

(h) Orthopaedic

The number of defects found which required treatment were posture 19, feet 58, and other defects 29. A further 220 children who also had orthopaedic defects were found not to require treatment but were placed on the list for observation.

Other referrals included 24 for observation because of epilepsy; 94 for psychological development and 231 for psychological stability.

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## MEDICAL TREATMENT AND SPECIAL CLINICS

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The arrangements for the provision of medical treatment remained unchanged from previous years. In general the School Health Service concentrates on finding those children who require treatment and makes arrangements where necessary for this to be given through the National Health Service. In some instances the Local Authority may supplement treatment which is not readily available through the Health Service.

### **Minor Ailments**

Sessions continued during term time at the South Wigston Clinic. In general, treatments were confined to simple medicaments, and pupils requiring further attention were referred to their General Practitioners and the Hospital Service. A large number of verrucae were treated at this clinic which is run by Dr. R.W. Kind.

### **Audiology Service**

Audiology Technicians tested 12,723 children at routine visits to schools during 1971. Of the children tested, a total of 2,394 failed the preliminary test and were referred back to their General Practitioners for examination and, where necessary, treatment. Those children who had previously failed the routine test were given a further test and of the number tested 667 children were found to have a hearing loss necessitating referral to the E.N.T. Consultant. Many of these children require operations for removal of adenoids which can improve the hearing dramatically.

The limited facilities available at local hospitals for E.N.T. operative treatment were not extended during the year. Waiting lists were even longer at December 31st, and some children have to wait for up to three years for surgical treatment. The attendant problem of pupils under-achieving academically because of their E.N.T. condition is immense.

The system of annual re-tests for children found to have slightly impaired hearing continued.

## Ophthalmic Services

Regular clinics were held throughout the year at Leicester, Loughborough, South Wigston, Oadby, Melton Mowbray, Coalville, Ashby and Market Harborough.

Occasional clinics were held at Desford Boys' School and Craven Lodge Residential E.S.N. School.

Details of children seen and refracted at these clinics are given below.

Under arrangements with the Regional Hospital Board, clerical assistance is provided at ophthalmic clinics by a clerk from the School Health Section. A Consultant Ophthalmologist attends each session and we are indebted to them for their services.

The parents of children referred for eye treatment received a letter reminding them that most treatment is available through the School Eye Service, ophthalmic medical practitioners or ophthalmic opticians.

A further slight reduction in the numbers referred to School Eye Clinics was noted. Waiting lists were reduced when parents exercised their choice under the National Health Service. Orthoptic treatment is only available through the Hospital Eye Service and children requiring this form of treatment are asked to attend at the Leicester Royal Infirmary.

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### *The number of children treated during the year*

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	1970	1971
Seen and refracted	2,823	2,571
Glasses prescribed	1,933	1,890
Existing glasses found to be suitable	786	734
Found not to require glasses	515	483

These totals include a number of pre-school children referred by Medical Officers and seen at School Ophthalmic Clinics.

## Orthopaedic Treatment

Under long-standing arrangements with the Warwickshire Orthopaedic Hospital for children, twice weekly clinics are held at Coalville and Hinckley. Nursing sisters travel from the hospital at Coleshill and clerical assistance is provided by School Health Services and voluntary staff for local Round Table Groups. A Consultant Orthopaedic Surgeon attends each clinic monthly by arrangement with the Birmingham Regional Hospital Board. Details of the treatment given are noted below.

Leicester No.2 H.M.C. make a small grant towards the cost of toys purchased for parties held for the patients at each clinic – Coalville at Christmas and Hinckley at Easter.

Elsewhere in the county, Orthopaedic treatment is available at some small hospitals (e.g. Melton Mowbray) and the Leicester Royal Infirmary.

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*Treatment at Hinckley Clinic*

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Radiant Heat and Electricity	759
Muscle Re-education and Exercise	1,774
Massage and Manipulation	1,020
Fitting Appliances, Dressings & Application of Plaster	21
Number of sessions held	113
Total number of attendances	2,731
Number of children examined by the Orthopaedic Surgeon	473
Number of first examinations	141

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*Treatment at Coalville Clinic*

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Radiant Heat and Electricity	306
Muscle Re-education and Exercise	1,299
Massage and Manipulation	383
Fitting Appliances, Dressings & Application of Plaster	1
Number of sessions held	117
Total number of attendances	2,132
Number of children examined by the Orthopaedic Surgeon	372
Number of first examinations	87

**Obesity Clinics**

Dr. I.J. Meadows reports:—

The problem of obesity in children has become more obvious in the last twenty years. However as the problem is attracting more attention now it is easier to tackle and parents and children tend to co-operate.

The weight and height of all girl entrants in three secondary schools were measured when the children were examined medically. The following table shows the percentage of children overweight and grossly overweight.

	% overweight	% grossly overweight
School A	19	3
School B	11	2
School C	22	7

In two primary schools where measurements were recorded it was found that 10% to 20% of the children were obese.

During the last five years all the children examined by me have been weighed and measured and any children with even a very early sign of obesity have been advised about diet and weight. In recent years it has been noticeable that the total number of obesity cases has diminished and also that cases are less severe.

## Enuresis Clinics

Dr. J.G.H. Bennett reports:

Sessions were held throughout the year at most clinics. Again, the large number of failures to attend, 143 out of 398 appointments offered, is disappointing. Even though some failures to attend can be attributed to spontaneous remission, parental attitudes are often apathetic.

Transistorised alarms are available for issue and the system of 'Dry Bed' charts, described last year, continued and was very successful in encouraging younger children to maintain control.

General practitioners were asked to prescribe Tofranil (Geigy) to assist in restoring confidence and control in appropriate cases. It was found that younger children taking Tofranil tablets were depressed and the syrup was substituted to effect control.

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### *Clinics held during 1971*

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	No. of Sessions
St. Martin's	19
Coalville	12
Hinckley	7
Melton Mowbray	3
Market Harborough	8
County Hall	3
Oadby	3
<b>Total</b>	<b>55</b>

## Speech Therapy Service

### *Staffing*

At the beginning of the year the establishment, comprising of:

- 1 Senior Therapist
  - 8 Full-time Therapists
  - 1 Half-time Clerk
- was increased in April to:
- 1 Chief Speech Therapist
  - 2 Senior Speech Therapists (One responsible for special education)
  - 10 Full-time Therapists
  - 1 Full-time Clerk.

The staff situation fluctuated throughout the year, but at no time were all posts filled. Mrs. J. Pettigrew, Mrs. M. McDonnel and Mrs. S. Simpson all left during the year. They were replaced by four new members of staff: Mrs. R. Toeman, Mrs.

B. Higgs, Miss P. Morris and Miss R. Kingston who was appointed to the post of Chief Speech Therapist.

Mrs. A. Finlay, Mrs. M. Watson, Mrs. J. Honnor and Mrs. C. Gentle continued sessional work. Mrs. J. Duxbury, Miss E. Killick and Mrs. A. Turner continued full-time work.

### *Sessions*

Speech Therapy sessions were carried out at the following centres:

St. Martins, Leicester	Loughborough
Ashby	Coalville
Lutterworth	Melton Mowbray
Syston	Hinckley
Countesthorpe	Market Harborough
Oadby	South Wigston
Desford	

There have been many problems throughout the year as a result of the unsuitability of many of the clinics for our purposes. The greatest difficulty is perhaps the noise level prevalent at many of the clinics, which makes working conditions unfavourable. However, with the introduction of new Health Centres in many areas, it is to be hoped this problem will be resolved in the future.

Most infant and junior schools in the County have been visited to assess children that have been referred, but it is rare that any therapist can spare the time to make more regular visits, therefore at present children requiring regular therapy must attend clinics, which of course penalises those children whose parents are unco-operative or who for valid reasons are unable to bring children regularly to the clinics.

The following special schools have received regular treatment sessions from Mrs. Duxbury:

Ashfield	Maplewell Hall
Craven Lodge	The Mount

### *Ashmount*

### *Aylestone Spastic Soc. Centre*

Unfortunately she has been unable to extend the service to provide regular treatment at the other special schools but this will be given priority with the recruitment of more therapists

### *Treatments*

This department is very aware of the inadequacy of its treatment of children with speech and language disorders. The main problem lies in the high number of children requiring therapy, combined with the continual staff shortages. A high proportion of the children under treatment are pre-school and this trend is increasing. However, as treatment is based on how normal learning takes place, it is

obvious that one half-hour session per week is unlikely to have any great effect on the child's learning, consequently we attempt to involve the parents as much as possible in order that work can be consolidated at home. On the whole, pre-school children are treated in one of our pre-school language groups, where the basis of our treatment is stimulation and integration of linguistic, perceptual and motor skills through basic sensory training.

School children on the whole are treated individually for one half-hour session per week and treatment is aimed at improving auditory discrimination and memory abilities and raising the level of expressive speech or comprehension of language as appropriate. Our aim in treatment must be more time allocated to the patients with severe communication disorders, under the supervision of an advisory service.

#### *Futher Training*

Therapists attended the course for administration of Reynell Developmental Language Scales at the Wolfson Centre, London, and visits were made to Meldreth School, Royston, Cambridgeshire, to observe the Meldreth Mime System for non-verbal children in action, and the Warnford Hospital, Oxford to observe the intensive speech therapy course for Adult Stammerers in action.

A course at Leicester College of Education on voice disorders was attended by most of the staff. Other courses attended included "The Minimally Handicapped Child in the Normal School", "Compensatory Education and Remedial Techniques" and "Remedial Reading" at Wallingford.

There is a vital need in the Speech Therapy profession for further education and all of the courses have proved to be of great value both to individual therapists and the department as a whole. We are very grateful for the opportunities to attend these courses.

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#### *Statistics*

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	Number of Children
Treated	1,403
Referred	878
Awaiting Treatment	146
Discharged	507

#### **Child and Family Guidance Service**

Dr. S.M.W. Pittock writes:—

#### *Staffing*

1971 was a year of continued increase in demand for the services of this clinic. As indicated in 1970, the fourth Psychologist, Mr. I.W.M. Filtness, appointed that year, took up his duties in September 1971 and Mr. C. Gillham, Psychologist,

who resigned in September to take up an appointment as Lecturer in the Child Research Development Unit, Nottingham University, was replaced by Mrs. J. Beveridge in October. Mrs. N. Herrick was appointed as a Senior Social Worker taking up her duties on the 1st November and with the increase of professional personnel it is expected that there will be a corresponding increase of office staff who, during 1971, have been under still further increased pressure. Dr. Hopkirk and I have become increasingly conscious of the need for further psychiatric assistance and by the end of the year discussions with the Regional Board had reopened.

The total number of cases referred to the clinic as a whole was 1,110, representing more than the expected increase. Dr. Hopkirk and I continue to provide cover for Oakham House, the Regional Adolescent Unit for Girls in the ratio two weeks to one and, as before, I continue to deal with the majority of emergency requests from hospitals.

Dr. Hopkirk continues his involvement at Desford Community Home which he visits regularly to take part in staff discussions. Because of the increase in demand for our services Dr. Hopkirk has felt obliged, when the needs of Oakham House will permit, to have occasional extra clinics at Upper New Walk.

#### *Oakham House*

During 1971, seventeen Leicestershire girls were admitted to Oakham House and five of them also attended as day girls, either before or after admission as residents. The total number of day girls, including these five from Leicestershire, was eight. All the Psychiatric Social Workers and Psychologists have visited Oakham House on a number of occasions, all of them at different times continuing to work with the school staff and families of patients admitted or attending on a day basis. This is a far more satisfactory approach than attempting to transfer the responsibility for work with families whilst a girl is at Oakham House, to the Oakham House Social Worker since in most cases discharge from Oakham House does not usually mean the cessation of work with the family, or indeed with the girl concerned. In 1970 we had admitted a post-autistic adolescent girl to Oakham House to allow her family a holiday and to give her a break. In 1971 this particular girl was readmitted remaining for several months as an in-patient, but able to become a day patient in December and cope with the travelling on two buses each journey to and from the Unit.

#### *Autistic Children*

The total number of autistic children diagnosed and known to us by the end of 1971 was thirty-one. Before the change of responsibility for the education of severely subnormal children from the Health to the Education Department on the 1st April, both Departments had shown a flexibility of approach to the needs of these children which was very much appreciated. Since 1st April, when the Education Department became completely involved, the scope of facilities has gradually increased. This year the decision was made to appoint a Peripatetic Teacher for Autistic Children who would, it was anticipated, be prepared to visit pre-school children in their homes regularly, to work closely with the families of

younger autistic children and indeed with any autistic child where the staff of this clinic felt it to be necessary. The teacher will be expected to provide expert guidance to the Day Special Schools who have some of this group as their pupils. Before April in some cases home teachers had been appointed and, of course, this continued; in one case one of the Remedial Teachers from this Department visited the home of an infant school autistic child to observe him and assess his educational needs.

For the first few months of 1971, I continued to run a group of three young autistic children on a weekly basis at the Glenfrith Hospital School and was delighted when all three children were so far improved as to be accepted within the hospital school, one as a full-time attender, and the other two on a morning only basis. A fourth infant-aged autistic child was incorporated into the group for a time, this little girl being a day patient at the hospital. To date she has not been accepted in the hospital school for administrative reasons primarily. As a clinic, we are very appreciative of the help which the Leicester Frith Hospital gives in providing short stay accommodation for some autistic children to enable their families to go on holiday, or to give families a break.

My weekly session at the Leicester Frith Hospital is spent mostly in the hospital school and without doubt this contributes to the closer liaison between the Subnormality Hospital and this clinic.

### *Special Schools*

My own visits to the Day Special Schools, in particular to observe those autistic children placed there, have increased and have usually been made with the Principal Psychiatric Social Worker, Miss J. Sutcliffe. The Psychiatric Social Workers have always maintained links with the old Junior Training Schools, now Day Special Schools, and their co-operation has been much appreciated by the teaching staff. By the end of 1971 it can be said that the observation class at Glenfield Church of England Infants School was contributing very greatly to the treatment of the young retarded and handicapped child. With the opening of other observation classes at Hugglescote Primary School and Westfield Junior School, Hinckley, it is anticipated that further help will become available.

### *Hostels*

The Homestead, our hostel in Melton Mowbray, had a generally successful year, but because of staff illness, admission had to be curtailed. The annual Garden Fete was an enormous success, as was the spring holiday on the Broads for a small party of boys during the Easter holidays. The success of this venture led them to plan future holidays of a similar nature embracing a larger number of the Homestead boys and girls. Throughout the year Mr. Foster and I have continued our weekly meetings and until the Autumn term Mr. Foster was a regular attender at our own Staff Conferences on Thursday afternoons at the Clinic.

At the end of the summer holidays one girl was admitted to the Homestead from Oakham House, and it was expected that she would remain in the hostel for a full school year. It seems quite possible that similar arrangements will be made in

the future especially in cases of girls with acute emotional difficulties requiring treatment in a hospital setting initially followed by a longer period of a more "normal" regime such as the Homestead provides. It is interesting to compare the advantages and disadvantages of treating two serious kinds of disturbance, namely school phobia and anorexia nervosa, in Oakham House and in the Homestead. Of necessity school phobic girls are admitted to Oakham House from areas outside Leicestershire where there may be no provision for dealing with the chronic or intractable symptom, whereas the treatment of choice of such cases of school phobia from Leicestershire would be the Homestead. Hostel placement provides not only a longer term period of observation with the same possibilities of working with the child and her parents as exists in Oakham House, but also allows children to attend normal schools in Melton Mowbray. It is possible therefore to observe a girl's social adjustment in normal school when she is in the Homestead in a way which is not usually possible in Oakham House with its own very small two-class school. It is generally accepted that girls suffering from anorexia nervosa need prolonged observation and help and since the average duration of stay in the Homestead is about eighteen months, this kind of observation is more easily provided in some cases than in the hospital unit where the average length of stay to date is five/six months. However it is important to distinguish the advantage to the community of having a small hospital unit staffed by skilled trained individuals which can provide medical observation and care in the very acute stages of anorexia nervosa, and indeed in some cases of school phobia.

In the first quarter of the year the two mature Social Work Students who had been placed with us from Leicester University continued their placement. In addition Mrs. Sluckin undertook the supervision of a Psychiatric Social Worker Student from Nottingham, who had a five month placement at the clinic. During August he ran a Playgroup for nine/twelve year old severely disturbed boys for a week at premises owned by the British Red Cross Society, to whom we should like to record our thanks.

Individual members of the Clinic continue their broad interest in furthering their own expertise, liaising with other agencies professionally, and taking part in a number of activities in their own time. In the early part of the year, Dr. Hopkirk and I were involved in the continuation of lectures to two groups of social work students at the University of Leicester. In the Autumn of 1971 I was invited to sit on a panel of experts from a number of different fields to provide pre-release courses at H.M. Prison, Ashwell. This seemed to be a legitimate extension of my professional role and by the end of the year I had attended two meetings there.

One of the Psychologists, Mr. D.A. George, and I were also invited by the B.B.C. to take part in the preparation of a programme on counselling and guidance as part of the B.B.C. series "ROSLA and After" which is not expected to be shown until the Spring of 1972.

In conclusion I would like to thank my professional colleagues at the clinic and the office staff who have also been seriously overworked and whose patience and tolerance has so much helped the rest of us. I would also like to extend the Clinic's thanks to the other agencies with whom we have worked, and especially to

our colleagues in the general psychiatric world and in clinical psychology, and to the Consultant Paediatricians with whom we have such a happy relationship.

### *Statistics*

Table I is apparently straightforward with a statement of the total number of cases referred to the whole clinic and a statement of those referred to the Child Guidance section of it.

Table II is a breakdown into classes of new cases seen, in age groups, during the year. As noted in the past, the largest number are in the category of reactive problems. It will be observed in tables III and IV that there is heavy two-way traffic between the two parts of the clinic, the Child Guidance Service and the Schools Psychological Service. The Schools Psychological Service referred 162 to the Child Guidance part of the clinic in 1971 and Child Guidance in turn referred 144 cases to the Psychologists during the same period.

Table V indicates the load on individual clinics, but it should be noted that the figures for the Melton clinic conducted by Dr. Hopkirk contain not only the numbers of children and their families seen there from Leicestershire, but also those from Rutland. Having regard to the total numbers seen in all Child Guidance Clinics in the County, the failures to attend the clinics numbering 29 seems happily quite low. Comparisons of the total number of sessions at each clinic with last year's figures (not given) show a rise in the numbers.

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### *I Cases referred during the year*

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		1970	1971
No. referred to the Schools Psychological Service and Child Guidance Clinic		916	1,110
No. referred to the Child Guidance Clinic		423	434
No. of new cases seen at the Child Guidance Clinic	<i>m</i>	236	261
	<i>f</i>	112	160

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### *II Referrals to the Child Guidance Clinic - by age group*

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Aged 1 to 4	<i>m</i>	27
	<i>f</i>	9
Aged 5 to 10	<i>m</i>	130
	<i>f</i>	77
Aged 11 to 18	<i>m</i>	104
	<i>f</i>	87
	Total	434

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*III Sources of referral of cases*

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Schools Psychological Service	162
General Practitioners	83
Parents	31
School Medical Officers	23
Hospitals	32
Health Visitors	14
Speech Therapy	1
Other Authorities	5
Social Services Department	11
Probation Officer	2
Schools	57
School Welfare	13
Total	434

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*IV Type of Problem Referred*

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## (a) Diagnosis

Neurotic	34
Reactive	164
Social	16
School Phobia	21
Organic	12
Depression	3
(a) Childhood Psychosis	6
(b) Early Schizophrenia	1
Attempted Suicide	12
Psychosomatic	3
Court Report	10
Subnormality	4
Educational	3

## (b) Action to be taken

Treatment	136
Observation and Survey	52
Transfer to hostel	9
Transfer to hospital	9
Advice given	23
Refer to Schools Psychological Service	144
Remedial Teaching	1
Remedial Teaching Survey	1
Refer to other Agencies	4
E.S.N. School	.
Special Class	.

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*V Psychiatrist*

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	Upper New Walk	Lough- borough	Hin- ckley	Coal- ville	Mel- ton
No. of diagnostic interviews	133	84	30	34	42
Total attendances at each Clinic	330	221	132	119	145
No. of sessions at each Clinic	135	39	20	17	44

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## SCHOOL DENTAL SERVICE

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### Staffing

Many changes in personnel took place during the year and in consequence staffing has varied from as low as 4.3 to 6.1 whole-time equivalent. Mr. D.M. Hobbs resigned as Principal Dental Officer from the 31st March and was replaced by Mr. G.A. Scivier formerly Principal School Dental Officer, Ipswich, as from the 1st May. Mr. W. G. Campbell retired on the 15th July, having worked part-time since he relinquished his post as Principal Dental Officer in 1966, and was presented with a gift token by Mr. J.E. Brownlow at the Staff Refresher Course on the 22nd September. Mr. Penlington, the Area Dental Officer at Loughborough left the Service in August and attempts to find a successor during the year were unsuccessful. However, Mrs. S. Kennedy joined the staff in September on a part-time basis, enabling a reasonable Service to be maintained at the Loughborough Clinic.

It is difficult to attract newly qualified dentists, but in November, Mr. M. Seal was appointed to work on Mobile Dental Unit No. 4 in a northern area of the County where many of the school children have not received dental inspections or treatment before.

### Accommodation

Recruiting has continued to be hampered by inadequate accommodation in many areas. However, in July, delivery was taken of Mobile Unit No. 5 and this is in use in the southern part of the County. This has been made more attractive both inside and out and the layout has been designed for modern dentistry techniques. The latter has greatly assisted in the treatment of physically handicapped children at the Ashfield School. The Lutterworth Health Centre is nearing completion and an Area Dental Officer, Mr. T.A. Kuyebi, together with a Dental Surgery Assistant, have been appointed to its Dental Clinic from the 10th January, 1972. This will enable a service to be provided in yet another area of the County. This appointment would appear to vindicate the belief that good, well-equipped accommodation readily attracts new staff.



*The Dental Suite at Coalville Clinic.*

The second surgery at Coalville has been completed and equipped and the main surgery equipment replaced with up-to-date items. Attempts to attract a Dental Auxiliary for this situation have been unsuccessful because of a natural shortage. Meanwhile it is proposed, to use it part-time in conjunction with the Mobile Unit working in the area. Mobile Unit No. 1 is not road-worthy and requires complete renovation after 7 years of continuous use. It is hoped that this work can be put in hand together with updating of equipment in the near future in order to recruit further staff.

### Treatment

A fall in the number of children inspected at school – 27,554 compared with 34,462 inspected in 1970, was expected with the depletion in establishment. There was a decreased ratio between those offered treatment and those inspected and this would indicate that more children are in need of treatment. This is further borne out by the substantial increase of over 1,000 in the total number of visits for treatment compared with last year. The average amount of treatment provided for each child attending for treatment also increased during the year as follows:— 1.7 (1.5) fillings in permanent teeth, 0.8 (0.8) fillings in deciduous teeth, 0.2 (0.2) permanent teeth extracted and 0.9 (0.7) deciduous teeth extracted. The corresponding figures for 1970 are shown in brackets.

### Staff Refresher Courses

The main course was held at County Hall and a total of 55 dental staff of all grades from both County and City Dental Services attended. Mr. J.E. Brownlow, Chairman of Welfare Sub-Committee, officially opened the proceedings and presented Mr. W. G. Campbell with a retirement gift as mentioned earlier in the Report. The course was conducted by Mr. P.J. Holloway, Dr. Pamela Hobson and Mrs. Lenore Patterson from the University of Manchester Dental Hospital on the subject of "Dietary Counselling". Three papers were presented on "Diet and Nutrition in relation to Dental Health", "Obtaining a Diet Record" and "Diet Analysis", followed by a practical session in three groups. Much discussion arose as to the efficacy of this method of Dental Health Education and it was agreed that the course had been most stimulating and useful. The excellent facilities at County Hall without doubt helped in the successful organisation.

In addition, four Dental Officers attended a 1½ day course on Children's Dentistry at the Royal Infirmary and Mr. J.A. Baxter, Area Dental Officer at Coalville, attended a 3 day practical course on the Treatment of Handicapped Children.

### Departmental Visit

In October, a visit was made by Mr. C. Howard, Dental Officer, Department of Education and Science, and a report has been received subsequently. Once again, its main point is the lack of surgery accommodation, especially with three times the number of children per available surgery, as occurs nationally. Of the fixed clinics, only Coalville was considered satisfactory. The report welcomes the re-equipping

and the addition of a second surgery at Coalville and the dental suite in the Lutterworth Health Centre. Suggestions were made with regard to priorities within the service as follows:

1. Re-opening and equipping of South Wigston Clinic.
2. The semi-mobile to be re-sited, possibly at Hinckley.
3. Providing additional surgeries at Loughborough and Melton Mowbray Clinics.

The Report adds that the output of work per Dental Officer has continued to improve and is now well above the national average, but finds the overall staffing situation to be desperate. Notice has been taken that the Authority makes every effort to recruit by advertising regularly and is not ungenerous in its inducements, especially in having a graded staff structure. The main obstacle to recruiting would, therefore, appear to be the low level of clinical accommodation.

### Dental Health Education

Planned programmes in this connection are precluded by lack of staff, but a number of talks have been given to women's groups. Following treatment, children are being given activity booklets to encourage dental care and leaflets offering dietary advice are distributed to parents attending with their children.

In the New Year, it is hoped to employ a part-time Dental Health Educator in the southern part of the County, who will arrange talks in schools. Ultimately, it is hoped that these talks can be arranged during school dental inspections in order to provide a greater impact.

Finally, my grateful thanks are expressed to the many people who have assisted me since taking office.

### Statistics

#### 1. Attendances & Treatment

	Ages 5–9	Ages 10–14	Ages 15 and over
First Visit	2,901	1,876	206
Subsequent Visits	3,618	3,572	471
Total Visits	6,519	5,448	677
Additional courses of treatment commenced	26	30	2
Fillings in permanent teeth	2,820	4,707	673
Fillings in deciduous teeth	3,430	302	.
Permanent teeth filled	2,181	4,052	599
Deciduous teeth filled	3,164	268	.
Permanent teeth extracted	228	658	8
Deciduous teeth extracted	3,506	1,055	.
General anaesthetics	323	123	6
Emergencies	157	77	12

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**1. Attendances & Treatment (Cont.)**

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Number of Pupils X-rayed	252
Prophylaxis	821
Teeth otherwise conserved	797
Number of teeth root filled	19
Inlays	8
Crowns	37

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**2. Orthodontics**

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New cases commenced during year	95
Cases completed during year	44
Cases discontinued during year	2
No. of removable appliances fitted	142
No. of fixed appliances fitted	1
Pupils referred to Hospital Consultant	32

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**3. Prosthetics**

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	5–9	10–14	15 and over
Pupils supplied with F.U. or F.L. (first time)	.	.	.
Pupils supplied with other dentures (first time)	2	11	6
No. of dentures supplied	2	13	7

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**4. Inspections**

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(a) First inspection at school. No. of pupils	27,554
(b) First inspection at clinic. No. of pupils	437
Number found to require treatment	15,579
Number offered treatment	13,427
(c) Pupils re-inspected at school or clinic	444
Number of (c) found to require treatment	266

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**5. Sessions**

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Sessions devoted to treatment	1,910
Sessions devoted to inspection	227
Sessions devoted to Dental Health Education	2

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## HANDICAPPED PUPILS

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### **Blind and Partially Sighted Children**

The City Education Authority are able to offer a limited number of day placements at South Lodge School. The nearest residential special school for partially sighted children is at Exhall Grange in Warwickshire. During the year two Leicestershire children were placed there.

Registered blind children are placed at Lickey Grange School near Bromsgrove, Worcestershire, where special provision on a day-to-day residential basis is available.

The distance from home of these residential schools is an additional problem for many parents to face and many have been reluctant to agree to the handicapped child being placed. One family moved to Bromsgrove when a place was offered at Lickey Grange.

### **Partially Hearing Children**

Recruitment improved during the year with the appointment of Mrs. E. Franks, raising the establishment to a Senior and four teachers of hearing impaired children.

The work of the teaching staff covers the needs of hearing impaired children from pre-school to school leaving age and after. It includes support for parents and children.

The Therapy Group at Oadby has continued to meet weekly. This has proved a most worthwhile venture and has enabled the pre-school age children attending to extend their social experiences, while offering them therapy through group auditory training.

At the end of the year arrangements were in hand to transfer the group to the Mission for the Deaf to enable children from other parts of the county to join. The total attending was 12.

Arrangements for the issue of commercial hearing aids when recommended by an E.N.T. consultant continued and 26 aids were issued during the year. The teaching staff are able to advise on the appropriate model for the type of hearing loss to be corrected and can make some earmoulds for patients.

## **Educationally Subnormal Pupils**

### *Craven Lodge School*

Dr. R.W. Kind reports:—

The only matter of essentially medical significance during 1971 was the occurrence within the school of a number of cases of hepatitis. Action to limit the spread of the disease was taken. This involved the injection of known susceptibles with human immune globulin. The action was effective but was not in time to prevent one member of staff becoming ill.

During the year the most regularly discussed topic at the school was the re-definition of its educational and social objectives and the re-valuation of the extent to which these were realised. This discussion inevitably considered the need for changes and to a large extent anticipated the report on 'Special Educational Treatment — The Education of Slow Learners' which was later presented to the Education Committee.

It is interesting in retrospect to note how the discussions reflected many points of support for the report. This was especially the case in emphasising that a residential facility ought only to be used when there is a clear indication in an individual case that residence is an essential part of treatment. In the past this has not been exclusively the case and children have been admitted in some cases solely because suitable alternative provision was not available in day schools.

Discussions underlined the fact that Craven Lodge is already accepting an increasing proportion of pupils with significant behaviour and social adjustment problems. As has been emphasised in the past, this type of school population makes greater quantitative and different qualitative demands on staff. Whilst staffing improvements have permitted the absorption of more 'difficult' children, a changed role to cater specifically for this type of child will demand even greater staffing improvements.

### *Ash Field School*

Dr. R.W. Kind reports:—

By the close of 1971, Ash Field School held its full complement of 90 children and the waiting list of children needing admission was already beginning to build up. An important objective in the establishment of the school was the realisation of the need of handicapped children for the earliest possible optimal stimulation. With this in mind provision was nominally made for a 'nursery' element of some 20 children aged between 3 and 5 years. However the demands of numbers of children of over 5 years of age have been so pressing that the objective of admitting children very early has proved unattainable.

The present situation is that even handicapped children of over 5 years of age cannot be immediately accommodated in Ash Field and whilst this situation persists the very rewarding earlier remedial work on the younger child must remain limited. The known number of pre-school aged children for whom Ash Field represents the ideal placement are approximately 14 in each yearly age group. The appropriate future size of the school would, therefore, require it to accommodate at least 150 children even if provision for the pre-school age group is discounted.

The range of physical defects manifested by pupils is wide. Similar numbers of children with cerebral palsy or with spina bifida together comprise the majority with recent admissions reflecting the greater number of those with spina bifida who survive. Within the decade this defect will probably account for two thirds of those attending Ash Field.

Other defects in small numbers are muscular dystrophies, multiple abnormalities of uncertain aetiology, congenital heart defects, epilepsy and rheumatoid arthritis.

Competition for admission appears to be becoming inevitable. This should call for a precise definition of objectives. At this point in time I do not feel able to make dogmatic assertions about priorities and consider that it is necessary to observe this school at work for much longer before statements concerning aims and their realisation can be meaningful within a social context.

#### *Maplewell Hall Residential Special School*

Dr. R.C. Holderness reports:—

Apart from a small number of sporadic cases of minor illness which inevitably occur in any community the health of the boys has been good, and there have been no infectious outbreaks to give rise to concern.

There is a tendency for some boys with a previous history of chronic illness to continue to take drugs over long periods, sometimes when the need for these has passed. A number of boys were regularly returning to school with various tablets or other medicines, not always readily identifiable, which had been originally prescribed for them in the past. The majority (eight) were boys with a history of epilepsy. Two others had a history of asthma. Enquiries were made into their medical history and from the general practitioners concerned to ascertain that the medication was still appropriate and to ensure that the Matron was aware of the nature and dosage of the drugs being prescribed.

The School continues to provide, apart from the basic classroom subjects, a number of extra mural activities designed to promote initiative and self confidence, in which so many of these boys are lacking. Among such activities is an army cadet corps, and a number of boys have entered for the Duke of Edinburgh's Award. Five bronze and four silver awards have been won.

#### **Employment of Handicapped Young People**

The Special Welfare Committee met 3 times during the year and considered 76 boys and 54 girls in isolation, whose disability was likely to either create difficulty in obtaining, or in holding employment under normal conditions. The Deputy County Medical Officer, the Principal Schools Medical Officer and the Specialist Careers Officer for Handicapped pupils held a 'case conference' on each child in question following which a report was submitted to the Area Careers Officers in charge of the 'home area'.

Subsequently, according to the nature of the disability and the degree of help required, the Specialist Careers Officer was invited to assist in an advisory and placement capacity. Heads of Schools again submitted details of handicapped pupils

to the Principal Careers Officer acting as Liaison Officer between the Schools and the Special Welfare Committee. Early identification of disabilities was essential to enable necessary consultations to take place prior to the school leaving term. This provided additional strength to the Specialist Careers Officer working in a very restrictive employment field, in which redundancy and the general pruning of manpower at all levels created tremendous difficulties in placement.

Although the 'Disablement Employment Act' provides for the employment of Registered Disabled Persons under a quota of three percent by all establishments employing twenty or more personnel, legislation is difficult to enforce. This was tested during the year by the Specialist Careers Officer who received sympathy from the employers visited who were under 'quota', but due to the uneasy economic situation, could provide little capacity to employ these young people.

Further consultations were held with the Disablement Resettlement Officer of the Department of Employment who, although extremely helpful, suggested that the implementation of the quota system depended more upon 'persuasion than upon compulsion'. It is suggested that this situation is far from satisfactory and should be the subject of further examination to provide inter-alia incentives for employers to absorb the boys and girls concerned. To avoid unemployment a number of handicapped school leavers were accepted for courses in College of Further Education, Vocational Courses, and Assessment Courses at the Portland Training College, and Industrial Rehabilitation Centres.

Regular careers talks and discussions were carried out at Maplewell Special School and at the Ashfield House Special School. Industrial Visits and "Work Experience" were introduced for pupils attending the Maplewell Hall School at the school playing fields in the Loughborough Area. This aspect of Careers preparation is more difficult to introduce for pupils at the Ashfield House School due to the nature of their physical disabilities. Nevertheless this is under consideration. The majority of pupils at this School will require Special Training prior to entry into employment.

A total of 72 boys and 51 girls received consideration during the year. Of these, 46 boys were placed in employment and three on vocational courses, leaving two unemployed and 21 remaining at school. Twenty-three girls entered employment while five attended vocational courses, leaving four unemployed and 19 remaining at school.

The most prevalent disabilities encountered were: E.S.N., 28: defective vision, 12: Asthma, 10.

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## SCHOOL ENVIRONMENT

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### School Meals Service

Provision continues throughout the county to assist the promotion of an adequate standard of nutrition for schoolchildren.

The figures below are based on returns submitted by schools in October 1971:

#### *Meals*

Number of pupils present:	78,433
Number taking meals:	29,910 Primary
	20,056 Secondary

#### *Sandwich Meals*

1,443 Primary
3,031 Secondary

#### *Milk in Schools*

Free Milk – Number entitled and present:	18,596
– Number taking free milk:	17,179

As a result of powers conferred by the Education (Milk) Act, 1971 Head Teachers notified medical officers of children considered to be suffering poorer health because of the absence of milk at school.

Each case is considered on its merits and medical staff may or may not recommend the issue of free milk on health grounds after checking the medical history and/or examining the child. The provision of free milk in these cases is only endorsed if the child's physical condition justifies it.

Between 1st September and 31st December, 1971, 63 children were referred. The provision of free milk on health grounds was supported in 42 of these cases.

### **Hygiene Inspections**

Routine hygiene inspections in schools are performed by State Enrolled Nurses under the supervision of health visitors. A surprisingly large number of cases of infestation were found and dealt with. The problem of head lice resistant to 'Lorexane' shampoo persisted in some areas. In these cases a supply of Suleo lotion or shampoo, containing pyrethrin, proved efficacious. A new product to combat the resistance problem is being tried successfully and this (Prioderm) will replace the less effective shampoos.

In all 28,203 examinations took place and 1,043 pupils were found to be infested. Cleansing orders were issued in 5 cases.

### **Infectious Disease and Immunisation**

A report on these subjects is included in the Epidemiology section, earlier in this publication.

### **School Swimming Pools**

A report on this subject is included in the Environmental Health section of this publication.

### **B.C.G. Vaccination**

In February, all children who had attained 11 years in August, 1970 and those who had missed previous offers were offered B.C.G. vaccination.

A total of 7,339 children were eligible and 7,124 of these returned signed parental consent forms.

In all, 6,646 were skin tested and 5,886 of these were vaccinated.

As a further precaution a chest X-ray examination was offered to 198 children showing a strong positive reaction to the skin test.

The co-operation of all schools involved and the Mass Radiography Unit in satisfactorily completing a very tight schedule is greatly appreciated.

Heaf testing was again carried out by nursing staff (S.E.N.'s) leaving the School Medical Officers to read the reactions and to vaccinate when necessary.

No cases of tuberculosis were discovered.

### **Road Safety**

I am grateful to the Chief Constable for the following information:—

The fact that the number of accidents involving children has not increased significantly reflects the continued concerted effort being made by the Police to educate children in road safety. Cycle proficiency training has continued enthusiastically throughout the year despite winter months and the closure of many schools due to the National Coal strike. In addition to this visits have been made to schools solely for training children in road safety.

The inter-school quiz continues to be highly popular. Through this interest among schools and school children, families have become more road safety conscious and competitions have been arranged involving parents, staff and children.

*Accidents to children under 15*

	1970	1971
<i>Fatal</i>		
Pedestrians	3	8
Pedal Cyclists	.	.
Total	3	8
<i>Serious and Slight Injuries</i>		
Pedestrians	212	211
Pedal Cyclists	86	91
Total	298	302

**Mortality**

*Deaths in the 5 to 14 age group*

Leukaemia	<i>m</i>	1
	<i>f</i>	2
Other Malignant Neoplasms	<i>m</i>	.
	<i>f</i>	1
Other Endocrine ect. Diseases	<i>m</i>	1
	<i>f</i>	1
Pneumonia	<i>m</i>	3
	<i>f</i>	.
Nephritis & Nephrosis	<i>m</i>	1
	<i>f</i>	.
Congenital Anomalies	<i>m</i>	3
	<i>f</i>	2
Motor Vehicle Accidents	<i>m</i>	5
	<i>f</i>	.
All Other Accidents	<i>m</i>	1
	<i>f</i>	.
	<i>m</i>	15
	<i>f</i>	6
Total		21

## **Health Education in Schools**

The promotion of health education in schools has again been a major concern of the Section. Progress has been most noticeable in the primary school area where programmes have been organised with schools and parent/teacher groups in co-operation with the Health Education Section. Generally parent/teacher Associations have welcomed the programmes and regular evening courses are often requested. Programmes on drug abuse, V.D. and family planning were organised with material provided by the Section.

The length of courses provided depends on age groups. Longer courses are established for 14 and 15 year olds in preparation for leaving school. With the raising of the school leaving age, greater emphasis has been placed on health education by schools and several interesting approaches have been planned, including a C.S.E. Mode 111 Course entitled "Childhood to Adult" introduced in a new sixth form school. More detailed courses have been provided for those taking 'O' and 'A' levels.

Throughout the year, schools have been given guides to programme planning, visual aids for project work and advice on exhibition planning. Individual project work has been fostered and encouraged by the Health Education Section. In some schools, students have found their own material which has been used to promote the health aspect in the schools, especially for such topics as smoking, drug abuse, V.D. and family planning.

Progress in the schools has been greatly enhanced by close co-operation with Headteachers, Heads of Departments and School Counsellors. Guthlaxton School has arranged a programme of health education for teachers and we hope to report on its progress in 1972.

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## STATISTICS

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The following figures relate to pupils attending maintained Primary and Secondary Schools, including Nursery and Special Schools.

### 1. Medical Inspections

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#### (a) *Periodic Medical Inspections*

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Year of birth	No. of Examinations	Satisfactory	Unsatisfactory
1967 and later	2,252	2,251	1
1966	4,575	4,569	6
1965	2,144	2,144	.
1964	1,277	1,276	1
1963	908	908	.
1962	785	785	.
1961	570	568	2
1960	180	180	.
1959	104	104	.
1958	46	46	.
1957 and earlier	28	28	.
Total	12,869	12,859	10

*(b) Pupils found to require treatment (excluding dental diseases and infestation with vermin).*

Year of birth	Defective vision (excluding squint)	Other conditions	Total pupils
1967 and later	31	106	133
1965	75	225	287
1964	36	98	131
1963	16	53	66
1962	20	26	46
1961	20	26	46
1960	8	16	24
1959	1	4	5
1958	6	1	7
1957	1	2	3
1956	.	.	.
Total	214	557	748

*(c) Other Inspections*

No. of Special inspections	437
No. of Re-inspections	3,141
Total	3,578

*(d) Inspections concerning Infestation with Vermin*

Pupils examined	28,203
Pupils found to be Infested	1,043
Cleansing Notices issued	4
Cleansing Orders issued	1

## 2. Defects Detected as a result of inspections

### *Defects found by periodic and Special medical inspections*

		Periodic Inspections		Special Inspection
Defect or Disease		Entrants	Others	
Eyes	Skin	<i>t</i> 19 <i>o</i> 161	2 49	.
	Vision	<i>t</i> 135 <i>o</i> 360	34 90	10 10
	Squint	<i>t</i> 48 <i>o</i> 90	3 16	.
	Other	<i>t</i> 3 <i>o</i> 45	2 11	.
	Hearing	<i>t</i> 217 <i>o</i> 283	44 139	31 12
	Otitis Media	<i>t</i> 10 <i>o</i> 212	1 65	2 4
Ears	Other	<i>t</i> 17 <i>o</i> 49	.	.
	Nose and Throat	<i>t</i> 29 <i>o</i> 548	2 139	.
	Speech	<i>t</i> 50 <i>o</i> 120	8 38	2 4
	Lymphatic Glands	<i>t</i> 1 <i>o</i> 76	1 38	.
	Heart	<i>t</i> 3 <i>o</i> 126	.	2
	Lungs	<i>t</i> 7 <i>o</i> 251	.	1
Developmental	Hernia	<i>t</i> . <i>o</i> 47	.	.
	Other	<i>t</i> 1 <i>o</i> 275	.	5
	-			
Orthopaedic	Posture	<i>t</i> 1 <i>o</i> 38	.	.
	Feet	<i>t</i> 8 <i>o</i> 123	4 16	.
	Other	<i>t</i> 10 <i>o</i> 59	3 25	.
	-			
Nervous System	Epilepsy	<i>t</i> . <i>o</i> 24	.	.
	Other	<i>t</i> 1 <i>o</i> 43	12 22	2 .
	-			
Psychological Development	Development	<i>t</i> 4 <i>o</i> 94	8 35	6 .
	Stability	<i>t</i> 23 <i>o</i> 231	18 81	8 9
	Abdomen	<i>t</i> . <i>o</i> 57	.	.
	Other	<i>t</i> 2 <i>o</i> 117	.	2
	-			
				1

Code: *o*: pupils found to require observation  
*t*: pupils found to require treatment

### **3. Treatments Provided**

<i>(a) Cases of eye disease, defective vision and squint</i>		
External and other, excluding errors of refraction and squint	51	
Errors of refraction (including squint)	3,141	
	Total	3,192
Number of pupils for whom spectacles were prescribed		1,475
<i>(b) Cases of diseases and defects of ear, nose, and throat</i>		
Pupils with hearing aids provided:—		
during 1971	48	
in previous years	337	
<i>(c) Cases of orthopaedic and postural defects</i>		
Pupils treated at clinics or out-patients departments	629	
Pupils treated at school	3	
	Total	632
<i>(d) Cases of diseases of the skin</i>		
Ringworm of:	12	
Scalp		
Body	5	
Scabies	58	
Impetigo	28	
Other skin diseases	260	
	Total	363
<i>(e) Cases of other disorders</i>		
Pupils treated at Child Guidance Clinics	434	
Pupils treated by Speech Therapists	717	
Pupils with minor ailments	271	
Pupils who received S.H.S. convalescent treatment	.	
Pupils treated at Enuresis Clinic	197	
Pupils who received B.C.G. vaccination	58,886	
Pupils treated at Obesity Clinic	123	

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